EMERGENCY GUIDELINES FOR EARLY CHILDHOOD PROGRAMS

Guidelines for helping an ill or injured child when a health consultant is not available.

Missouri Department of Health and Senior Services, 2007

Missouri Head Start
State Collaboration Office

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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.

ABOUT THE GUIDELINES

The emergency guidelines in this booklet were originally produced in 1997 by the Ohio Department of Public Safety, Emergency Medical Services for Children (EMSC) program, in cooperation with the Emergency Care Committee of the Ohio Chapter of the American Academy of Pediatrics (AAP). These guidelines have been revised for use in Missouri early childhood programs.

The booklet is being made available by the Department of Health and Senior Services, Injury and Violence Prevention Program and the Missouri Head Start-State Collaboration Office at the Center for Family Policy and Research.

The emergency guidelines are meant to serve as basic "what to do in an emergency" information for facility staff without medical/nursing education when a health consultant is not available. It is recommended that staff who are in a position to provide first-aid to children complete an approved first-aid and CPR course.

The guidelines have been created as **recommended** procedures. It is not the intent of the guidelines to supersede or make invalid any laws or rules established by the child care facility, or the state of Missouri. Please check with your health consultant if you have questions regarding the recommendations in these guidelines.

Please take some time to familiarize yourself with the format, the background information provided, and the "How to Use the Guidelines" section prior to an emergency situation.

HOW TO USE THE EMERGENCY GUIDELINES

The back page of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet as you will need to have this information ready in an emergency situation.

The guidelines are arranged with tabs in alphabetical order for quick access.

A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to end. See the KEY TO SHAPES AND COLORS page.

If there is any reason to suspect the injury may have been caused by physical abuse, refer to the facility policy for reporting suspected abuse and calling the Child Abuse Hot Line, 1-800-392-3738.

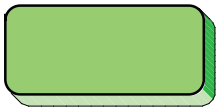
Take some time to familiarize yourself with the EMERGENCY PROCEDURES FOR AN INJURY OR ILLNESS section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

In addition to injury and illness information, you will find information about infection control, and planning for children with special health care needs. The DHSS website (www.dhss.mo.gov) under Health, School Health, Guidelines, has other manuals available on specific issues, including a document, *Prevention and Control of Communicable Disease,* that contains disease-specific information about symptoms, transmission and exclusion from child care facilities.

This edition has been 3-hole punched so that it may be placed in a binder to facilitate addition of information specific for your child care setting and to update pages as appropriate.

Please check with your health consultant if you have any questions concerning the recommendations contained in the guidelines.

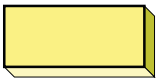
KEY TO SHAPES & COLORS



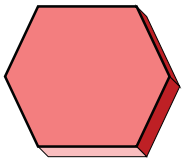
Start here.

Provides first-aid instructions.

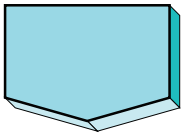
OR



A question is being asked. You will have a choice based on the child's condition.



Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur.

Green Shapes = Start
Yellow Shapes = Continue
Red Shapes = Stop
Blue Shapes = Background Information

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

Remain calm and assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: live electrical wires, gas leaks, chemical spills, building damage, fire, smoke, traffic or violence.

A responsible adult should stay at the scene and give basic support until the person designated to handle emergencies arrives (medical or EMS personnel).

Send for the person designated to handle emergencies. This person will take charge of the emergency and provide instruction and further first aid as needed.

Do NOT give medications unless there has been prior approval by the parent/guardian, the child's health care provider and/or according to an individualized emergency action or health care plan.

Do NOT move a severely injured or ill child unless absolutely necessary for immediate safety. If moving is necessary to prevent further injury, follow the guidelines for NECK AND BACK INJURIES section.

Call Emergency Medical Services (EMS) and arrange for transportation of the ill or injured child, if necessary.

An administrator or a designated employee should notify the parent/guardian of the emergency as soon as possible to determine the appropriate course of action.

If the parent/guardian cannot be reached, notify a parent/guardian substitute and call either the physician or the hospital, designated on the Emergency Information Card, so they will know to expect the injured/ill child.

A responsible adult should stay with the injured/seriously ill child.

An incident report should be completed on all serious injuries, according to facility policy.

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS)

Call EMS if:

☑ the child is unconscious, semi-conscious or unusually confused.
☑ the child's airway is blocked.
☑ the child is not breathing.
☑ the child is having difficulty breathing, shortness of breath or is choking.
☑ the child has no pulse.
☑ the child has bleeding that won't stop.
☑ the child is coughing up or vomiting blood.
☑ the child has been poisoned.
☑ the child has a seizure for the first time, a seizure that lasts more than **5** minutes, or an atypical seizure.
☑ the child has injuries to the head, neck or back.
☑ the child has sudden, severe pain anywhere in the body.
☑ the child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care.)
☑ the child's condition could worsen or become life-threatening on the way to the hospital if not transported by EMS.
☑ moving the child could cause further injury.
☑ the child needs the skills or equipment of paramedics or emergency medical technicians.
☑ distance or traffic conditions would cause a delay in getting the child to the hospital.

If any of the above conditions exist, or if you are not sure, it is best to call EMS.

Sources: American Red Cross & American College of Emergency Physicians

INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow Standard Precautions. Standard Precautions is a set of guidelines that assumes that all blood and certain other body fluids are potentially infectious. It is important to follow these precautions when providing care to *any* child, whether or not the child is known to be infectious. The following list describes Standard Precautions:

1. Wash hands thoroughly with warm running water and a mild, preferably liquid soap for at least 15 seconds, scrubbing between fingers, under fingernails and around the tops and palms of the hands. Handwashing should occur:
   - before and after physical contact with any child (*even if gloves have been worn*)
   - before and after eating or handling food
   - after contact with a cleaning agent
   - after using the restroom
   - after providing any first-aid
   - after removing gloves
2. Wear gloves when in contact with blood and other body fluids.
3. Wear protective eyewear and clothing when body fluids may come in contact with eyes or clothing (e.g., squirting blood).
4. Wear gloves and wipe up any blood or body fluid spills as soon as possible. Use cleaning materials per the facility exposure control plan for cleaning.
5. Double-bag the trash in a plastic bag or place in a sealable bag and dispose of immediately.
6. Clean the area with an approved disinfectant or a bleach solution (one part bleach to 100 parts of water).
7. Send all soiled clothing (i.e., clothing with blood, stool or vomit) home with the child in a double-bagged plastic bag.
8. Do not eat, or touch your mouth or eyes, while giving any first aid.

Guidelines for children:

Children should be taught basic handwashing, to wash hands before eating and after toileting, as well as encouraged to wash them any other time when appropriate. Frequent handwashing reduces the spread of illness and infection.

Child care facilities are encouraged to provide Body Fluid Spills materials in a convenient kit to any staff responsible for cleaning up spills (i.e., bus drivers, teachers, aides, custodians, etc.). The facility should have an Exposure Control Plan, and any employee that provides care for illness and injury should understand actions to take when exposed to blood or body fluids.

PLANNING FOR CHILDREN WITH SPECIAL NEEDS

Some children in your facility may have special emergency care needs due to their medical conditions or physical abilities.

Medical Conditions:

Some children may have special conditions that put them at risk for life-threatening emergencies. For example, students who have:

- Asthma or other breathing difficulties
- History of life-threatening or severe allergic reactions
- Diabetes
- Seizure disorders
- Technology-dependent or medically fragile conditions

Your health consultant along with the child's parent/guardian and personal physician, should develop an individual emergency action plan for these children upon enrollment. The plans should be made available to appropriate staff at all times. In an emergency for this child, refer to this individualized plan (see individual conditions for resources for plans).

The American College of Emergency Physicians and the American Academy of Pediatrics have created an Emergency Information Form for Children with Special Needs that is useful in collecting the information needed to develop individualized emergency and health care plans. The form can be downloaded from www.aap.org or www.acep.org.

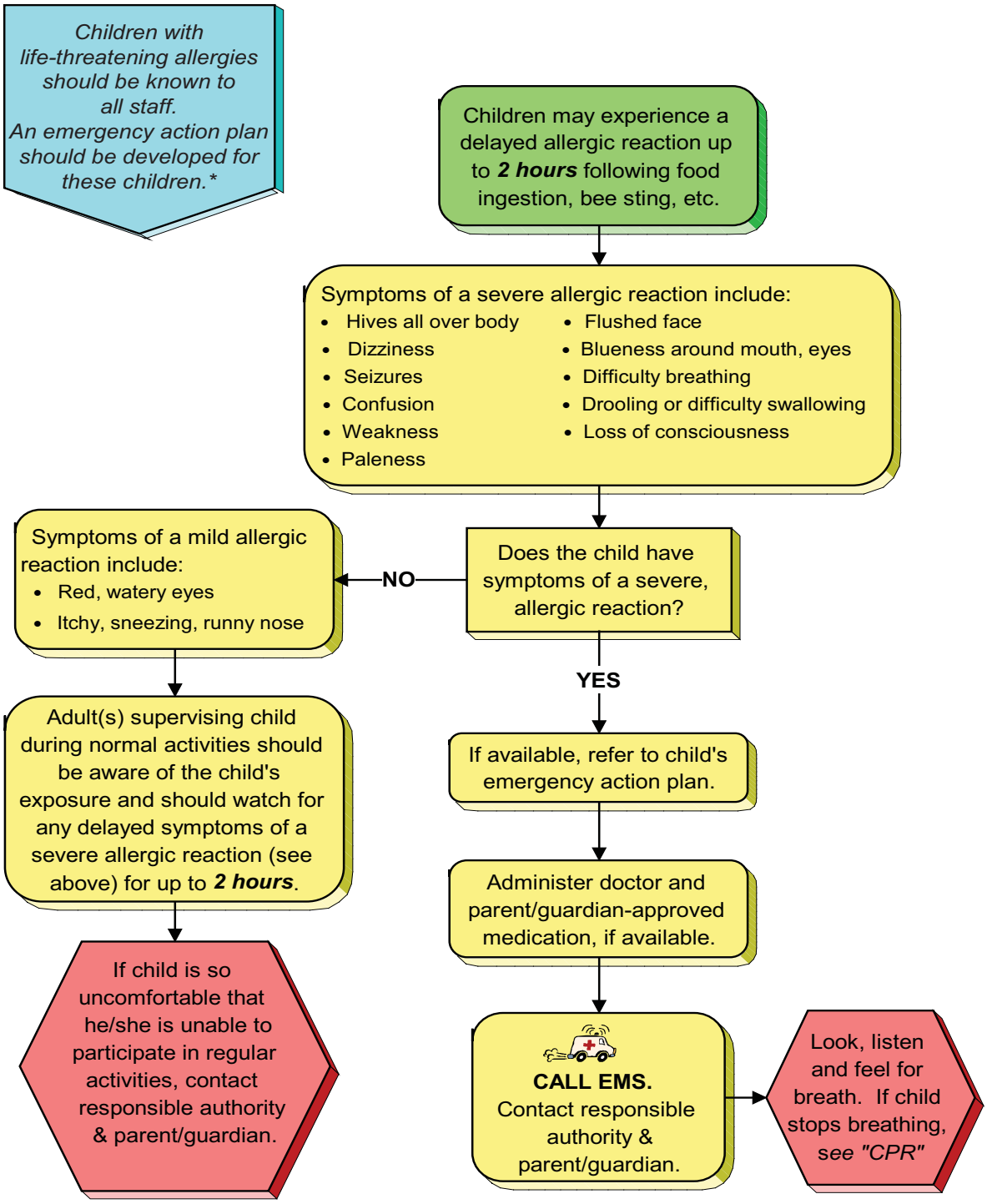
Physical Abilities:

Other children in your facility may have special emergency needs due to some physical ability. This would include students who are:

- Deaf
- Blind
- In wheel chairs
- Unable or have difficulty walking up or down stairs, for any reason
- Temporarily on crutches

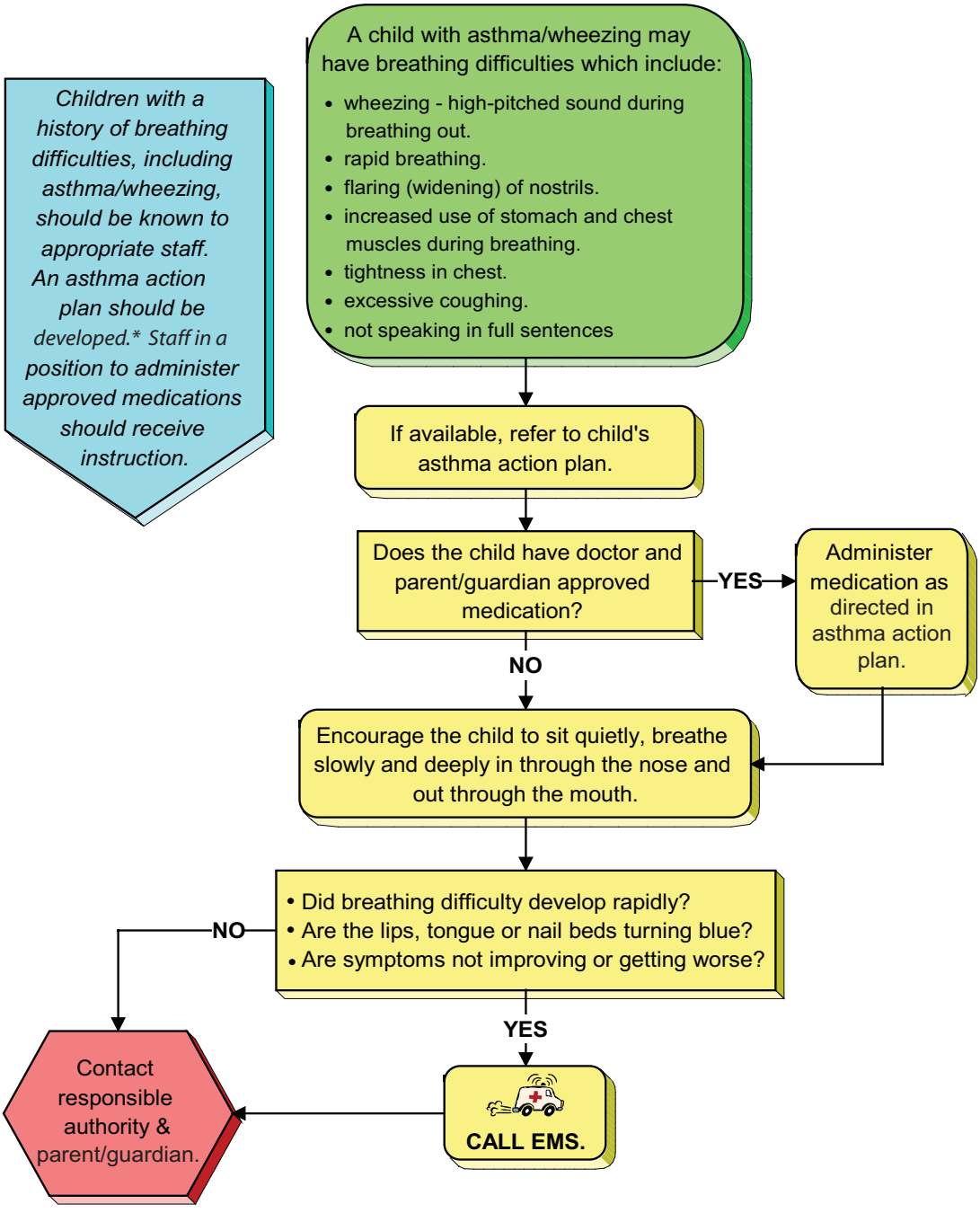
These children will need special arrangements in the event of a facility-wide emergency (i.e., fire, tornado, evacuation, etc.). These arrangements should be part of the child's individualized healthcare plan. A responsible person should be designated to assist these children to safety. All appropriate staff should be aware of this plan.

ALLERGIC REACTION



*For sample emergency action plan for severe allergic reactions, see http://www.aaaai.org/members/resources/anaphylaxis_toolkit/action_plan.pdf

ASTHMA/WHEEZING/DIFFICULTY BREATHING



*For information regarding Asthma Action Plans and other resources, see www.dhss.mo.gov, Topics A-Z, Asthma, Publications, for Missouri School Asthma Manual.

BEHAVIORAL EMERGENCIES

Children with a history of behavioral problems, emotional problems or other special needs should be known to appropriate staff. An individualized health care plan should be developed at time of enrollment.

Refer to your facility's policy for addressing behavioral emergencies. Behavioral or psychological emergencies may take many forms (e.g. depression, anxiety/panic, phobias, destructive or assaultive behavior, etc.). **Intervene only if the situation is safe for you.**

Does child have visible injuries?

YES →

See appropriate guideline to provide first aid. **CALL EMS** if any injuries require immediate care.

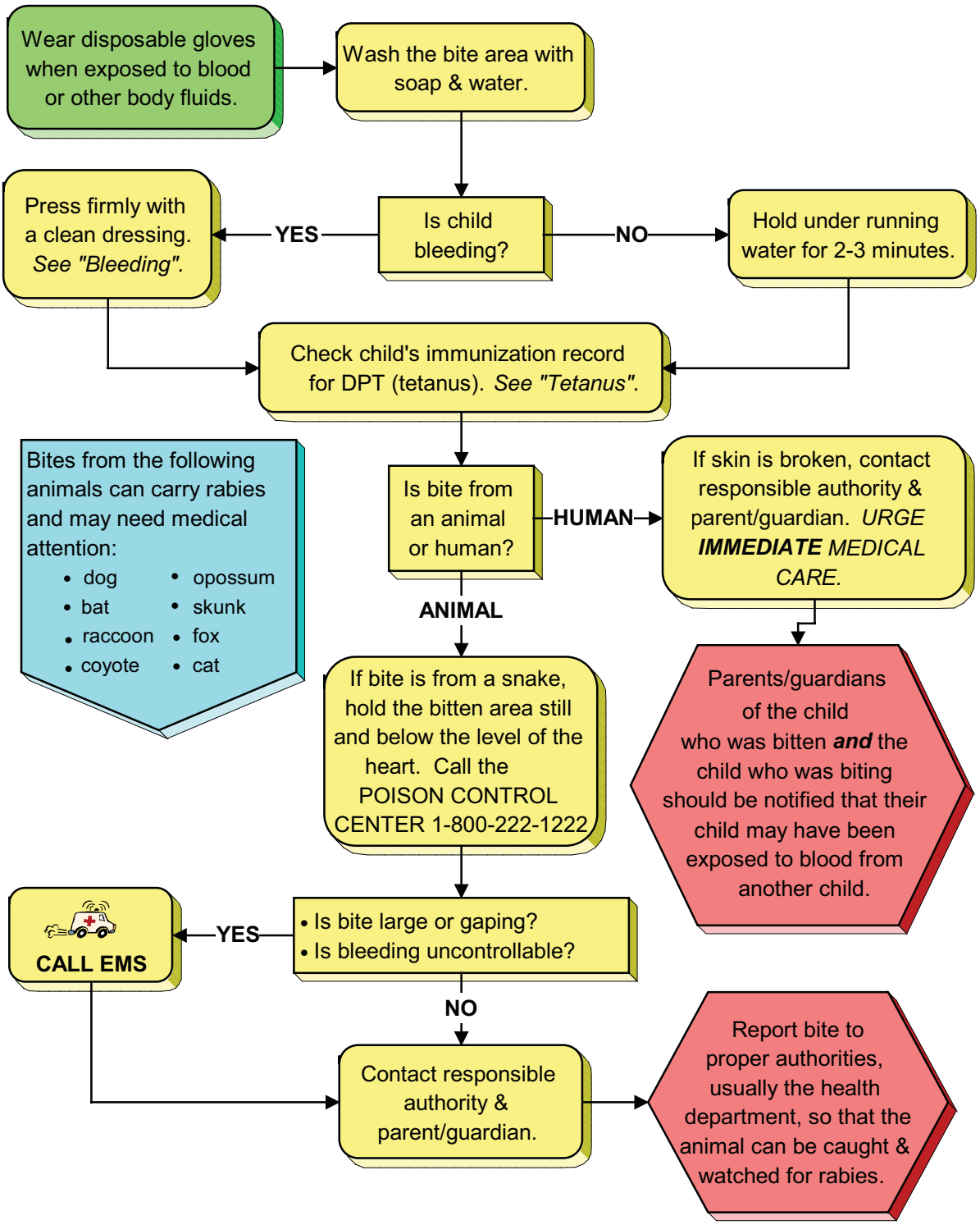
NO ↓

The cause of unusual behavior may be psychological/emotional or physical (e.g. fever, diabetic emergency, poisoning/overdose, alcohol/drug abuse, head injury, etc.). The child should be seen by a health care provider to determine the cause.

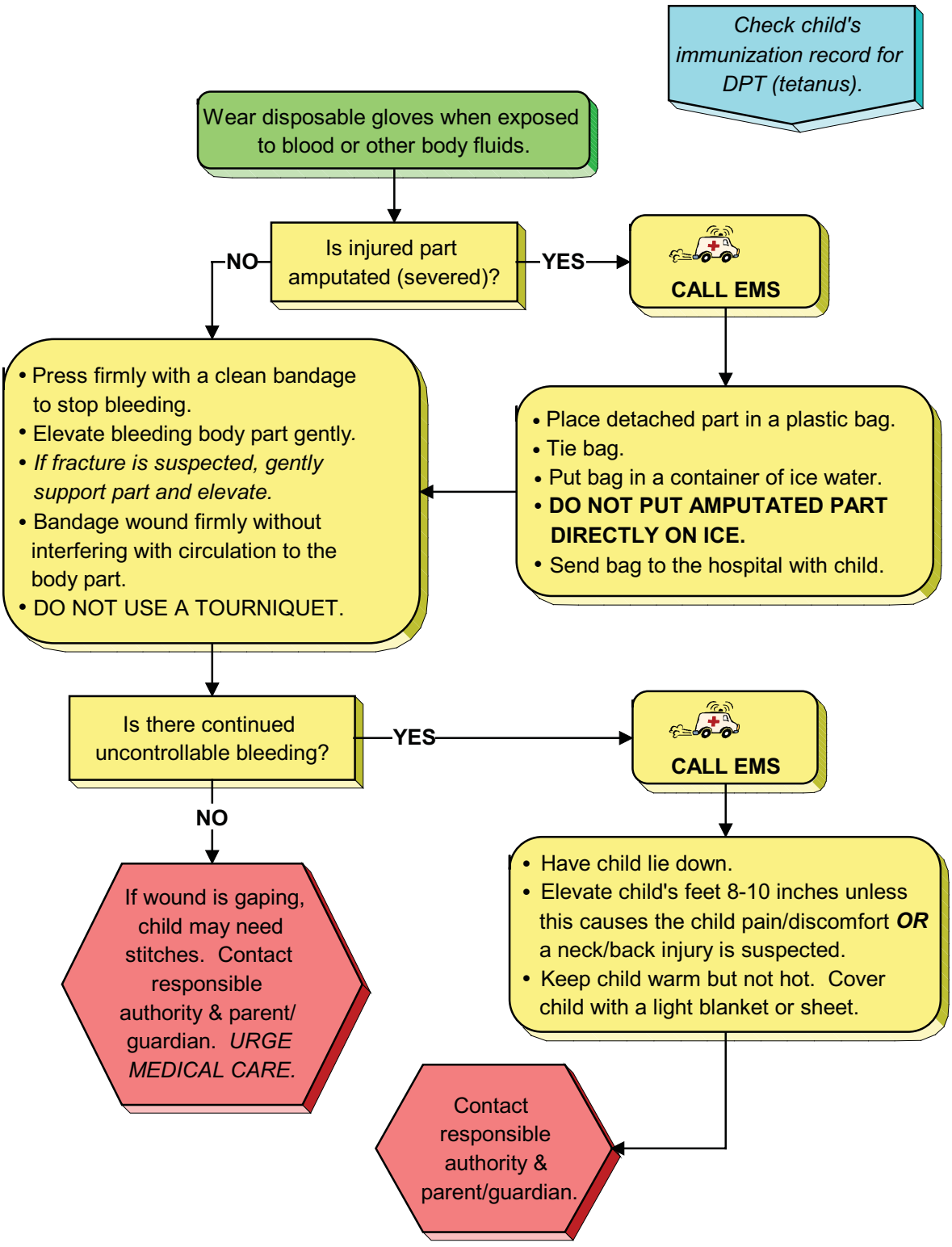
↓

Contact responsible authority and parent/ guardian.

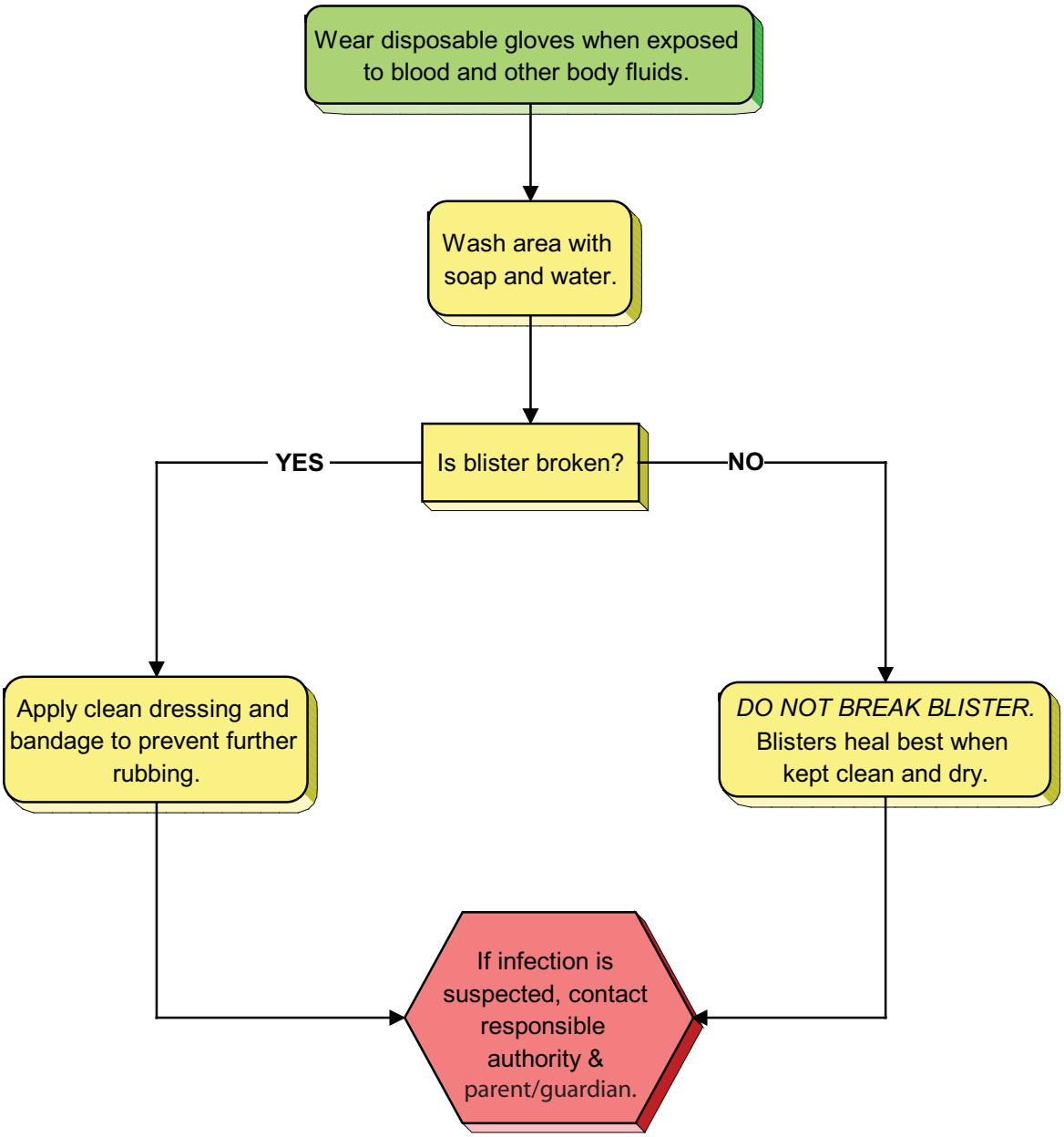
BITES (HUMAN & ANIMAL)



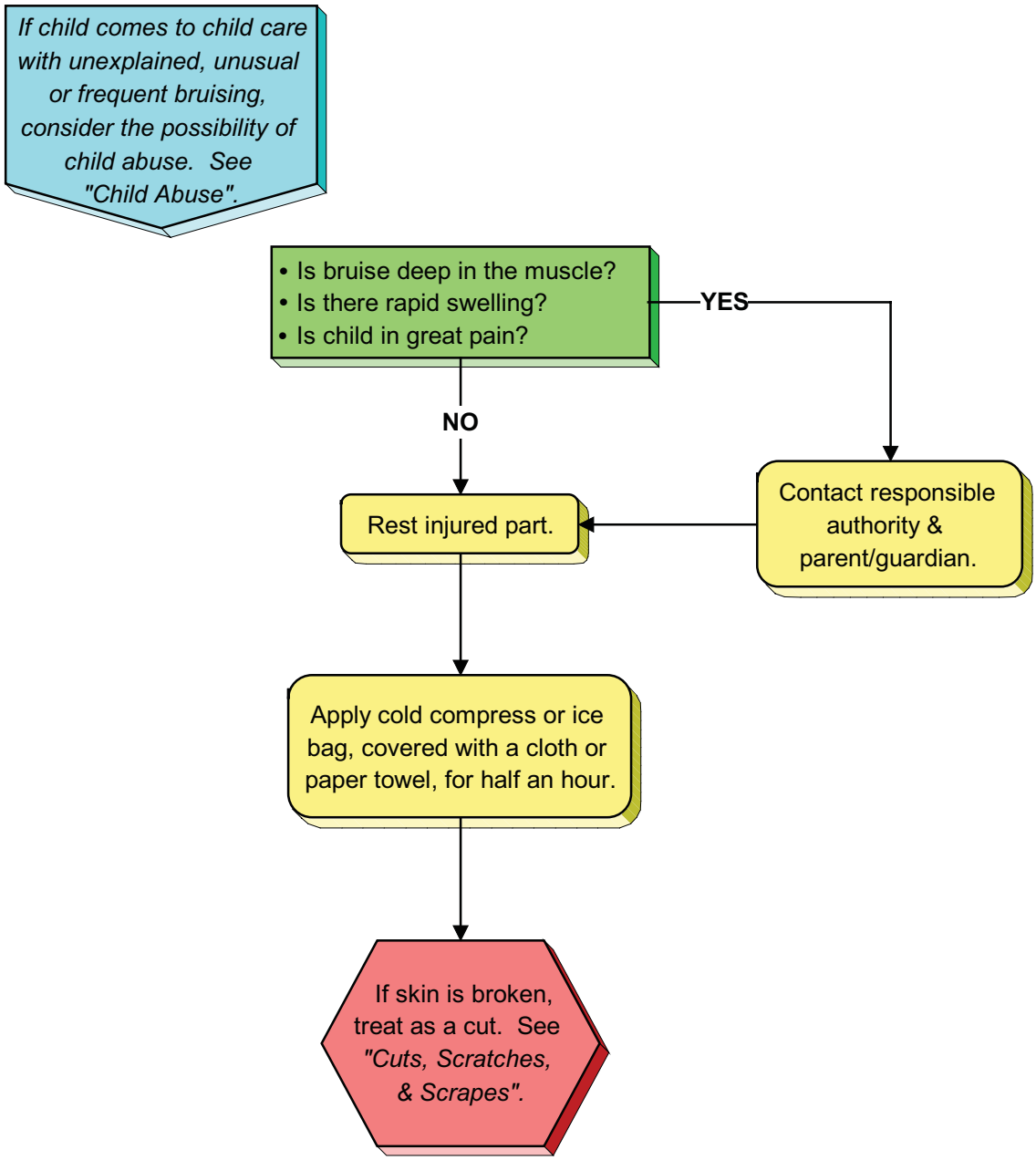
BLEEDING


Check child's immunization record for DPT (tetanus).
Wear disposable gloves when exposed to blood or other body fluids.
Is injured part amputated (severed)?
NO
YES
CALL EMS
• Press firmly with a clean bandage to stop bleeding.
• Elevate bleeding body part gently.
• If fracture is suspected, gently support part and elevate.
• Bandage wound firmly without interfering with circulation to the body part.
• DO NOT USE A TOURNIQUET.
• Place detached part in a plastic bag.
• Tie bag.
• Put bag in a container of ice water.
• DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.
• Send bag to the hospital with child.
Is there continued uncontrollable bleeding?
YES
CALL EMS
NO
If wound is gaping, child may need stitches. Contact responsible authority & parent/ guardian. URGE MEDICAL CARE.
• Have child lie down.
• Elevate child's feet 8-10 inches unless this causes the child pain/discomfort OR a neck/back injury is suspected.
• Keep child warm but not hot. Cover child with a light blanket or sheet.
Contact responsible authority & parent/guardian.

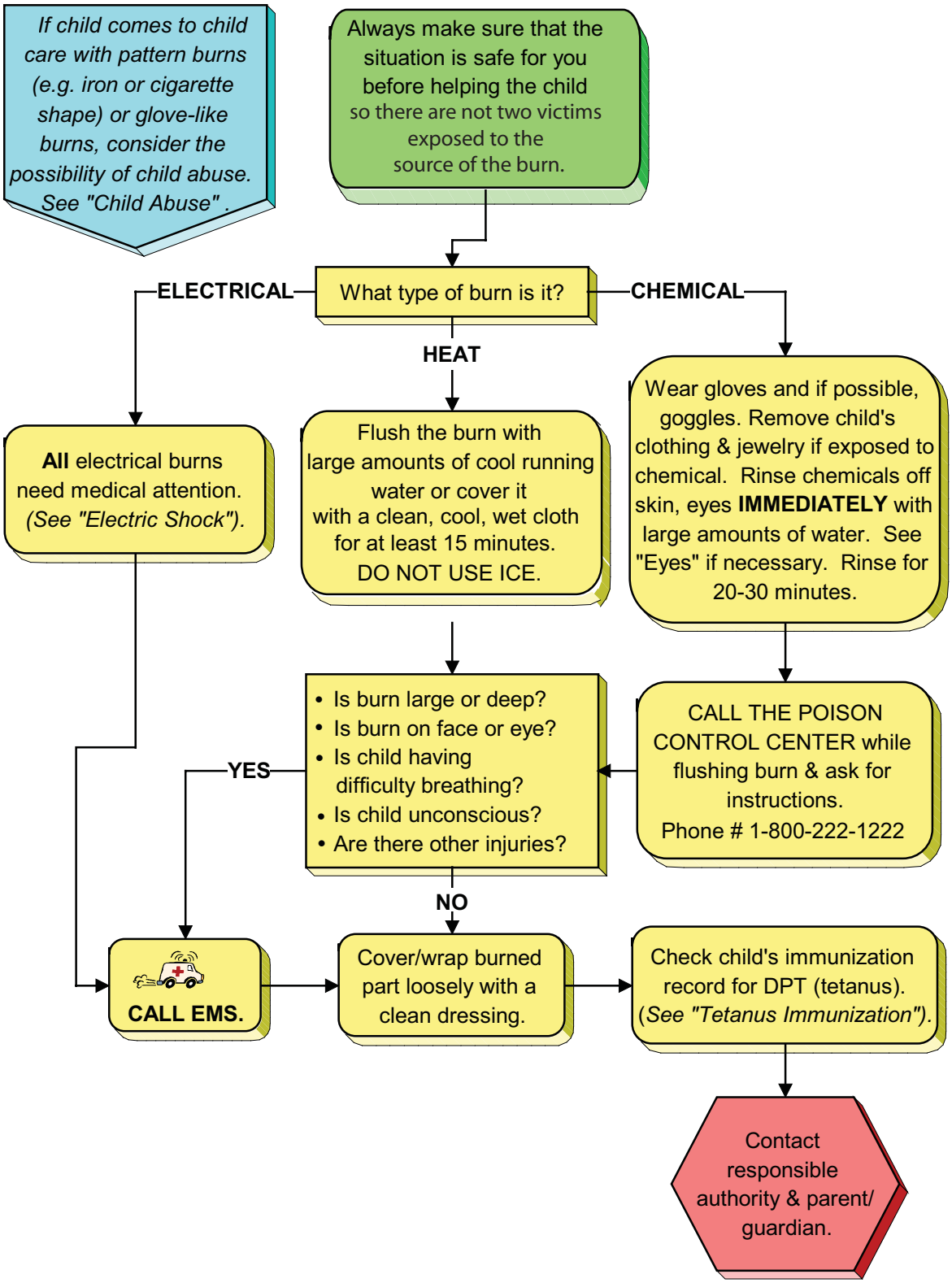
BLISTERS (FROM FRICTION)



BRUISES


If child comes to child care with unexplained, unusual or frequent bruising, consider the possibility of child abuse. See "Child Abuse".
• Is bruise deep in the muscle?
• Is there rapid swelling?
• Is child in great pain?
YES
NO
Contact responsible authority & parent/guardian.
Rest injured part.
Apply cold compress or ice bag, covered with a cloth or paper towel, for half an hour.
If skin is broken, treat as a cut. See "Cuts, Scratches, & Scrapes".

BURNS


If child comes to child care with pattern burns (e.g. iron or cigarette shape) or glove-like burns, consider the possibility of child abuse. See "Child Abuse" .
Always make sure that the situation is safe for you before helping the child so there are not two victims exposed to the source of the burn.
What type of burn is it?
ELECTRICAL
HEAT
CHEMICAL
All electrical burns need medical attention. (See "Electric Shock").
Flush the burn with large amounts of cool running water or cover it with a clean, cool, wet cloth for at least 15 minutes. DO NOT USE ICE.
Wear gloves and if possible, goggles. Remove child's clothing & jewelry if exposed to chemical. Rinse chemicals off skin, eyes IMMEDIATELY with large amounts of water. See "Eyes" if necessary. Rinse for 20-30 minutes.
• Is burn large or deep?
• Is burn on face or eye?
• Is child having difficulty breathing?
• Is child unconscious?
• Are there other injuries?
YES
CALL THE POISON CONTROL CENTER while flushing burn & ask for instructions. Phone # 1-800-222-1222
NO
CALL EMS.
Cover/wrap burned part loosely with a clean dressing.
Check child's immunization record for DPT (tetanus). (See "Tetanus Immunization").
Contact responsible authority & parent/ guardian.

GUIDELINES FOR CARDIOPULMONARY RESUSCITATION (CPR)

Every facility should have more than one person certified to provide CPR in the event an individual is not breathing and does not appear to have adequate circulation. The names of individuals with current training in CPR should be posted with the emergency information in the facility and by each phone. Certification to provide CPR must be updated on a regular basis.

New guidelines issued by the American Heart Association (AHA) in November 2005, stress the importance of quick action by individuals adequately trained in CPR. The new guidelines attempt to minimize the steps and the differences in CPR across age groups, as well as highlight differences between expectations for lay rescuers and health consultants. The goal is to make CPR easier for all rescuers to learn, remember and perform.

The age delineations now used for lay rescuers are:

Newborn –birth until hospital discharge
Infant – less than one year
Child – 1-8 years
Adult – 8 years and older

All age groups are recommended for cycles of 30 chest compressions to 2 breaths. The same techniques for chest compression can be used for children and adults (compress the lower half of sternum [nipple line} one-third to one-half depth of chest. **Lay rescuers will no longer be taught to assess for pulse or signs of circulation in an unresponsive victim or to do "rescue breathing" without chest compressions.**

If a lay rescuer is **alone** and finds an unresponsive infant or child, the rescuer should attempt to open the airway and give 2 breaths that are sufficient to make the chest rise. Then the rescuer should provide 5 cycles (30 compressions and 2 breaths = a cycle, about 2 minutes) **before leaving the victim to call 911.** A child is more likely to suffer from asphyxial (respiratory) arrest than heart irregularities, and is more likely to respond to, or benefit from the **initial CPR**.

If a lay rescuer is alone and finds an unresponsive adult, **the rescuer should call 911 first.** The rescuer should then return to the victim and begin CPR.

Training in CPR is readily available. The goal is to increase the number of people learning safe and effective CPR technique and the number of victims of sudden cardiac arrest who will receive good "bystander" or lay rescuer CPR, resulting in thousands of lives saved. Skills should be taught and practiced in the presence of a trained instructor.

BARRIER DEVICES

Barrier devices, to prevent the spread of infections from one person to another, can be used when performing CPR. Several different types (e.g., face shields, pocket masks) exist. It is important to practice using these devices in the presence of a trained CPR instructor before attempting to use them in an emergency situation. The length of rescue breaths and the amount of air that you breathe to make the victim's chest rise can be affected by these devices.

CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in the recognition of child abuse/neglect.

If child has visible injuries, refer to the appropriate guideline to provide first aid. **CALL EMS** if any injuries require immediate medical care.

Teachers and other facility staff are required to report suspected child abuse and neglect to the State Child Abuse Hotline (1-800-392-3738). Refer to your own facility policy for additional guidance on reporting.

Abuse may be physical, sexual or emotional in nature. Some signs of abuse follow. This is *NOT* a complete list:

- Depression, hostility, low self-esteem, poor self-image
- Evidence of repeated injuries or unusual injuries.
- Lack of explanation or unlikely explanation for an injury.
- Pattern bruises or marks (e.g. burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand).
- "Glove-like" or "sock-like" burns.
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children.
- Poor hygiene, underfed appearance.
- Severe injury or illness without medical care.

If a child reveals abuse to you:

- Try to remain calm.
- Take the child seriously.
- Tell the child that he/she did the right thing by telling.
- Let the child know that you are required to report the abuse to Child Protective Services.
- Do not make promises that you can not keep.
- Respect the sensitive nature of the child's situation.
- Follow appropriate reporting procedures.

Contact responsible facility authority.

CHOKING
(FOR CONSCIOUS VICTIMS)

Call 911 or activate EMS after starting rescue efforts.

INFANTS UNDER ONE YEAR

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing or crying, DO NOT do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms.

If cough becomes ineffective (loss of sound), begin step 1 below.

1. Position the infant, with head slightly lower than chest, face down on your arm and support the head (support jaw; do NOT compress throat).
2. Give up to 5 back blows with the heel of hand between infant's shoulder blades.
3. If object is not coughed up, position infant face up on your forearm with head slightly lower than rest of body.
4. With 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone, about one finger width below the nipple line.
5. Open mouth and look. If foreign object is seen, sweep it out with finger.
6. Tilt head back and lift chin up and out to open the airway. Try to give 2 breaths.
7. Repeat steps 1-6 until object is coughed up, infant starts to breathe or infant becomes unconscious.

IF INFANT BECOMES UNCONSCIOUS, GO TO STEP 6 OF INFANT CPR IN RIGHT COLUMN.

CHILDREN OVER ONE YEAR OF AGE & ADULTS

Begin the following if the child is choking and unable to breathe. However, if the child is coughing, crying or speaking, DO NOT do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms.

If cough becomes ineffective (loss of sound), begin step 1 below.

1. Stand or kneel behind child with arms encircling child.
2. Place thumbside of fist against middle of abdomen just above the navel. Do NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand.
3. Give up to 5 quick inward and upward thrusts.
4. Repeat steps 1-2 until object is coughed up, child starts to breathe or child becomes unconscious.

IF CHILD BECOMES UNCONSCIOUS, PLACE ON BACK AND GO TO STEP 6 OF CHILD OR ADULT CPR IN RIGHT COLUMN.

FOR OBESE OR PREGNANT PERSONS:

Stand behind person and place your arms under the armpits to encircle the chest. Press with quick backward thrusts.

COMMUNICABLE DISEASES

For more information on protecting yourself from communicable diseases, see "Infection Control".

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

Chicken pox, head lice, pink eye, strep throat and influenza (flu) are just a few of the common communicable diseases that affect children. There are many more. In general, there will be little that you can do for a child who has a communicable disease.
Following, are some general guidelines.
**Refer to your facility's exclusion policy for ill students.*

SIGNS OF LIFE-THREATENING ILLNESS:
- Difficulty breathing or swallowing, rapid breathing.
- Severe coughing, high pitched whistling sound.
- Blueness in the face.
- Fever greater than 100.0 F in combination with lethargy, loss of consciousness, extreme sleepiness, abnormal activity.

CALL EMS.
Contact responsible authority and parent/guardian.

SIGNS OF PROBABLE ILLNESS:
- Sore throat
- Redness, swelling, drainage of eye
- Unusual spots/rash with fever or itching
- Crusty, bright yellow, gummy skin sores
- Diarrhea (more than two loose stools a day)
- Vomiting
- Yellow skin or yellow "white of eye"
- Fever greater than 100.0 F
- Extreme tiredness or lethargy
- Unusual behavior

Contact responsible authority and parent/guardian.
URGE MEDICAL CARE.

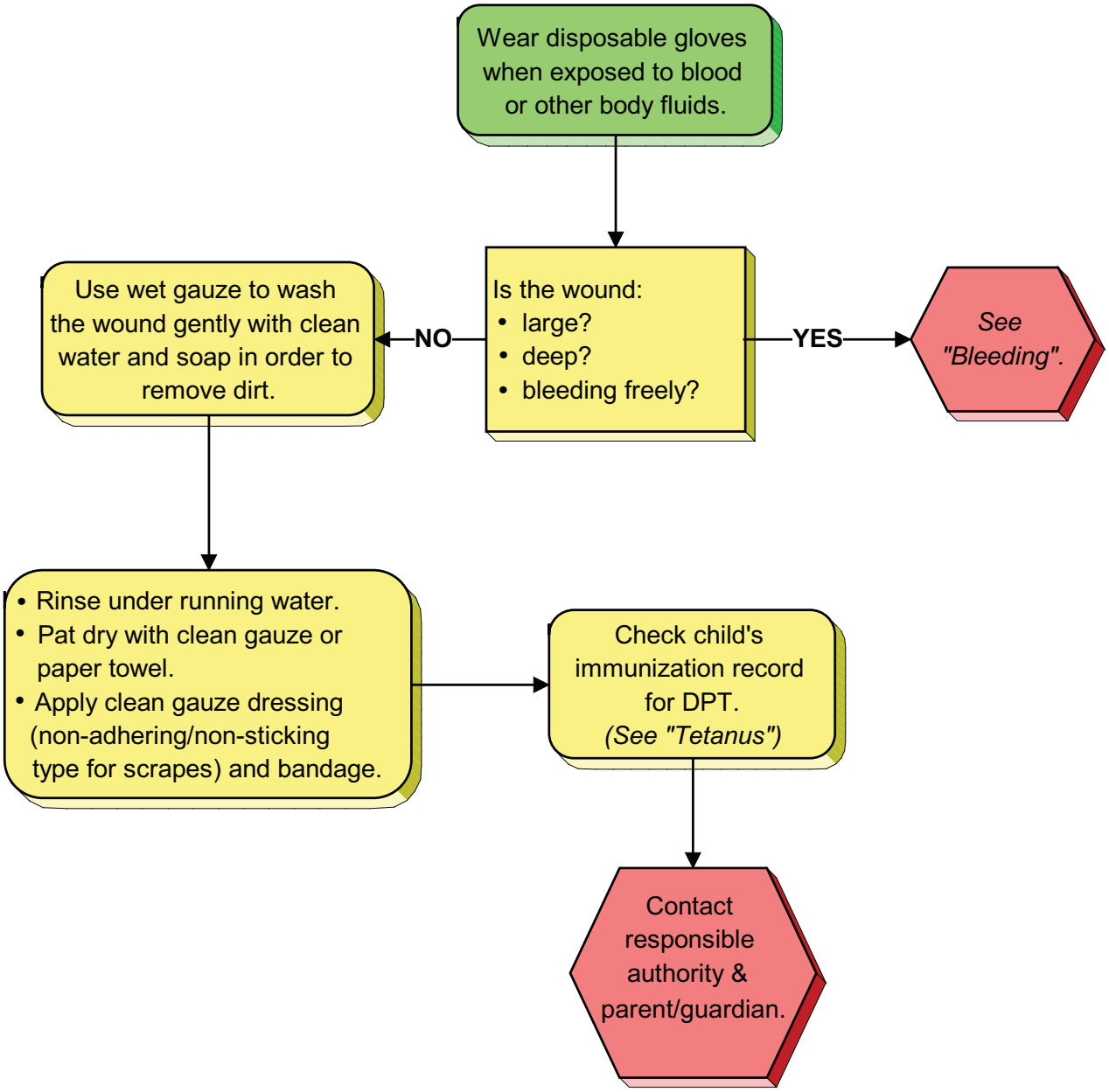
SIGNS OF POSSIBLE ILLNESS:
- Earache
- Itching of scalp
- Runny nose
- Headache
- Fussiness
- Mild cough

Monitor child for worsening of symptoms. Contact parent/guardian and discuss.

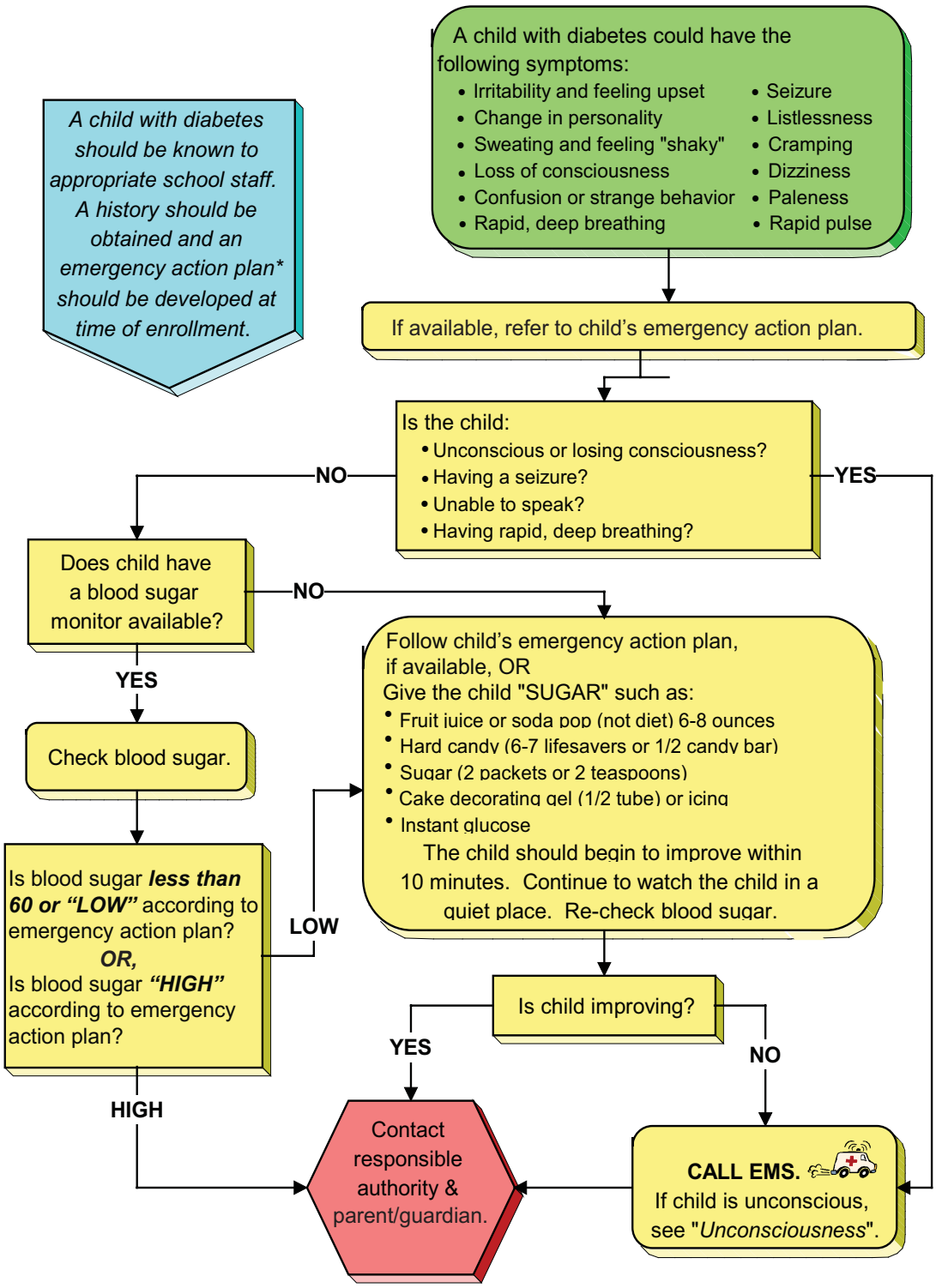
*State recommendations for exclusion: www.dhss.mo.gov
Health, School Health, Guidelines, Prevention and Control of Communicable Disease

CUTS (small), **SCRATCHES & SCRAPES**

(including rope and floor burns)

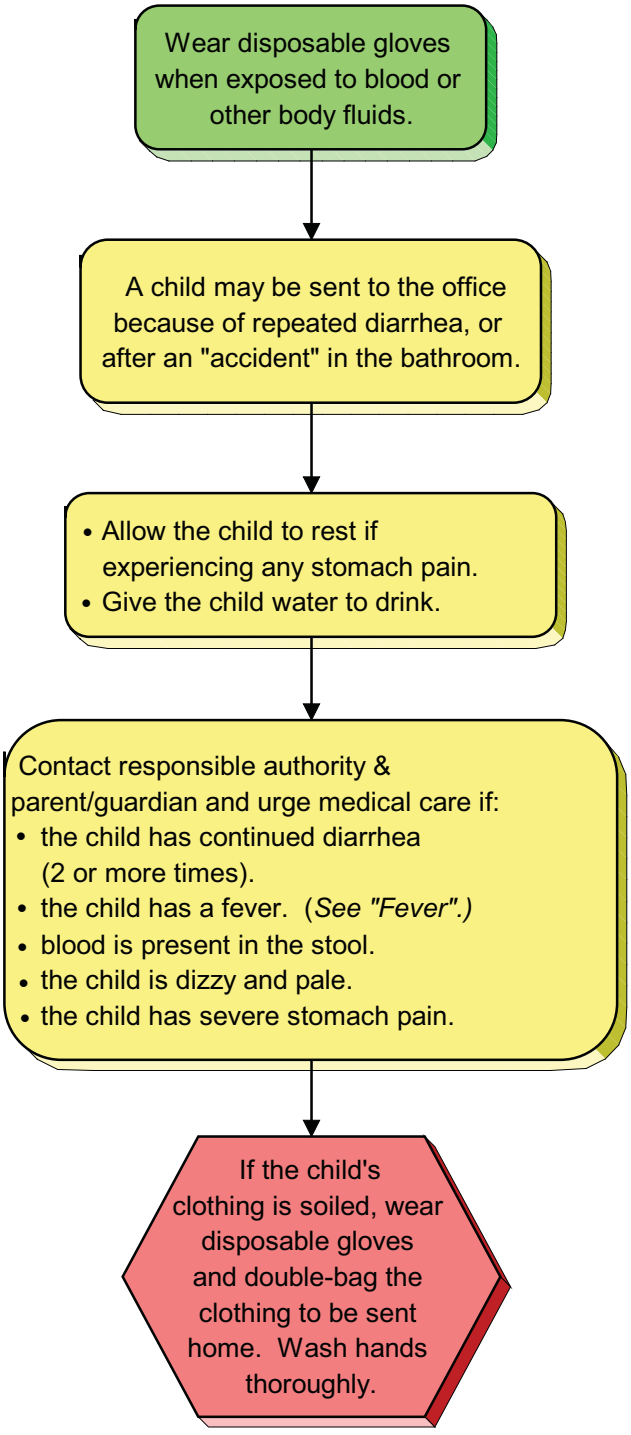


DIABETES



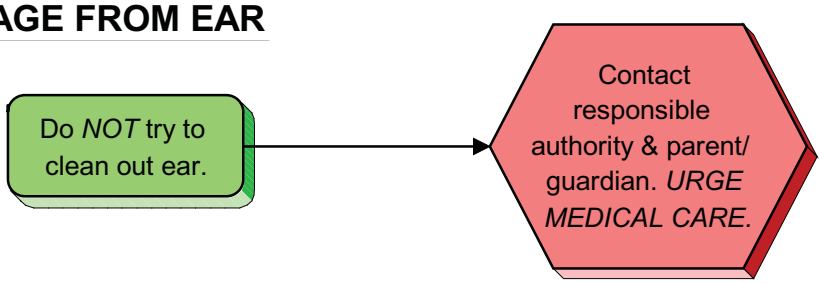
*For Diabetes Emergency Action Plans and other resources, see www.dhss.mo.gov, Topics A-Z, Diabetes, Publications, for Diabetes Management in the School setting.

DIARRHEA

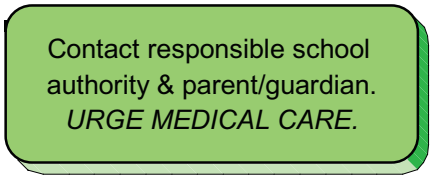

Wear disposable gloves when exposed to blood or other body fluids.
A child may be sent to the office because of repeated diarrhea, or after an "accident" in the bathroom.
• Allow the child to rest if experiencing any stomach pain.
• Give the child water to drink.
Contact responsible authority & parent/guardian and urge medical care if:
• the child has continued diarrhea (2 or more times).
• the child has a fever. (See "Fever".)
• blood is present in the stool.
• the child is dizzy and pale.
• the child has severe stomach pain.
If the child's clothing is soiled, wear disposable gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EARS

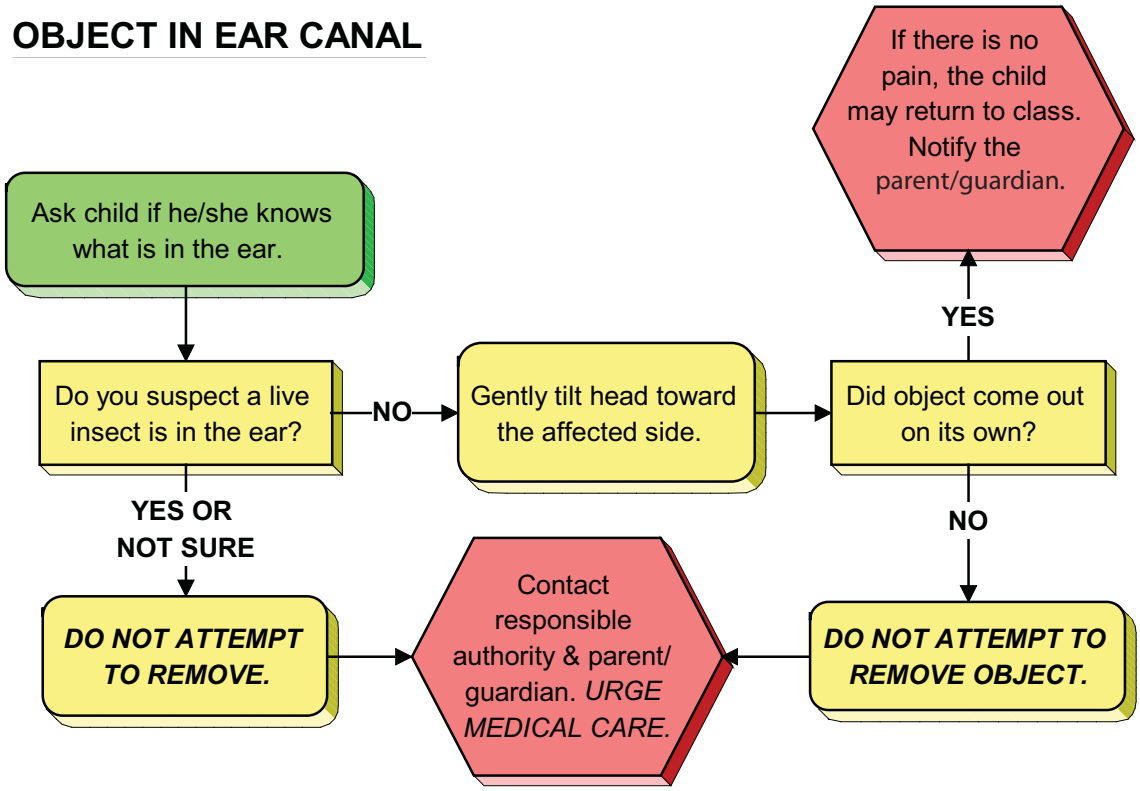
DRAINAGE FROM EAR



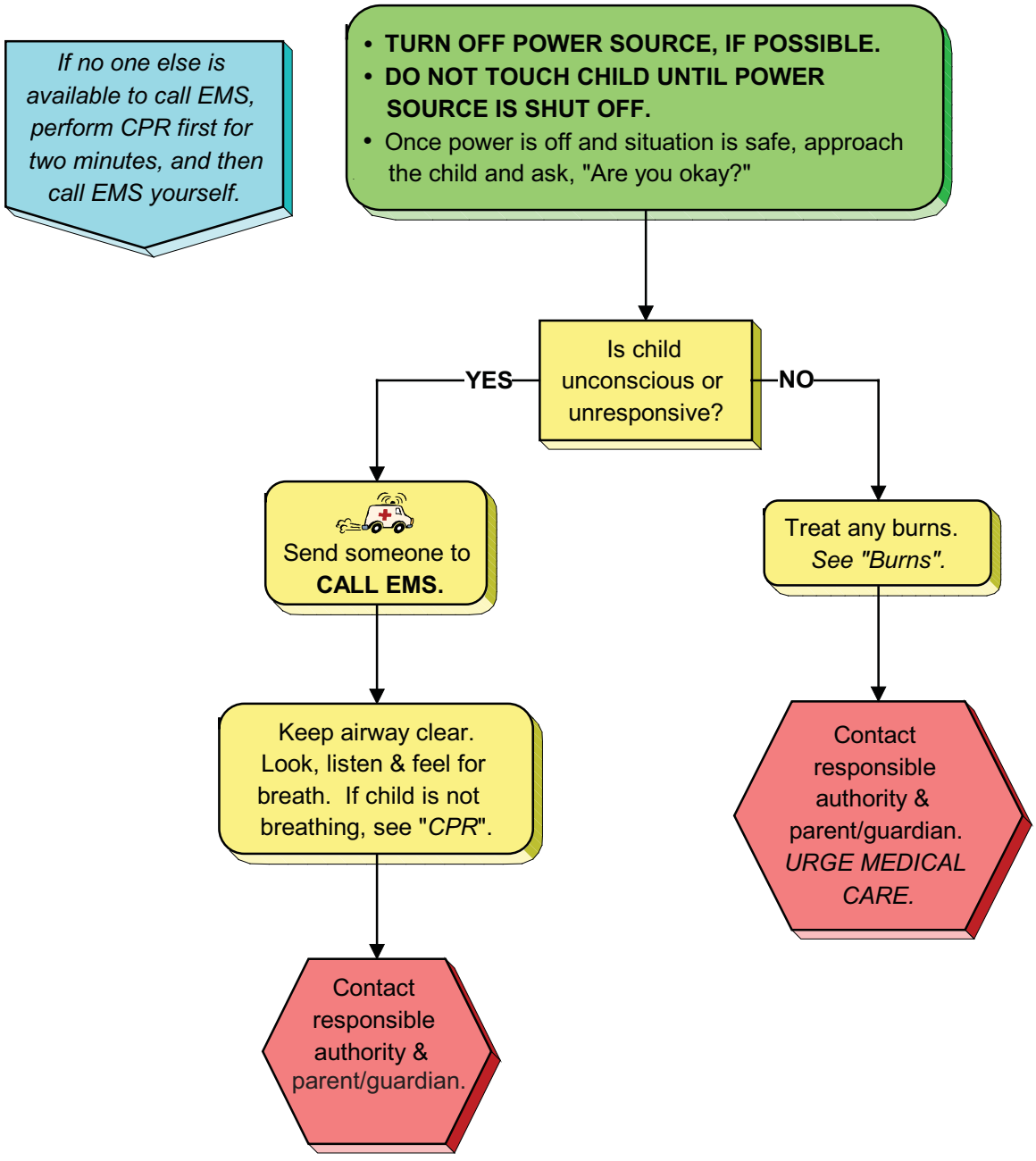
EARACHE



OBJECT IN EAR CANAL

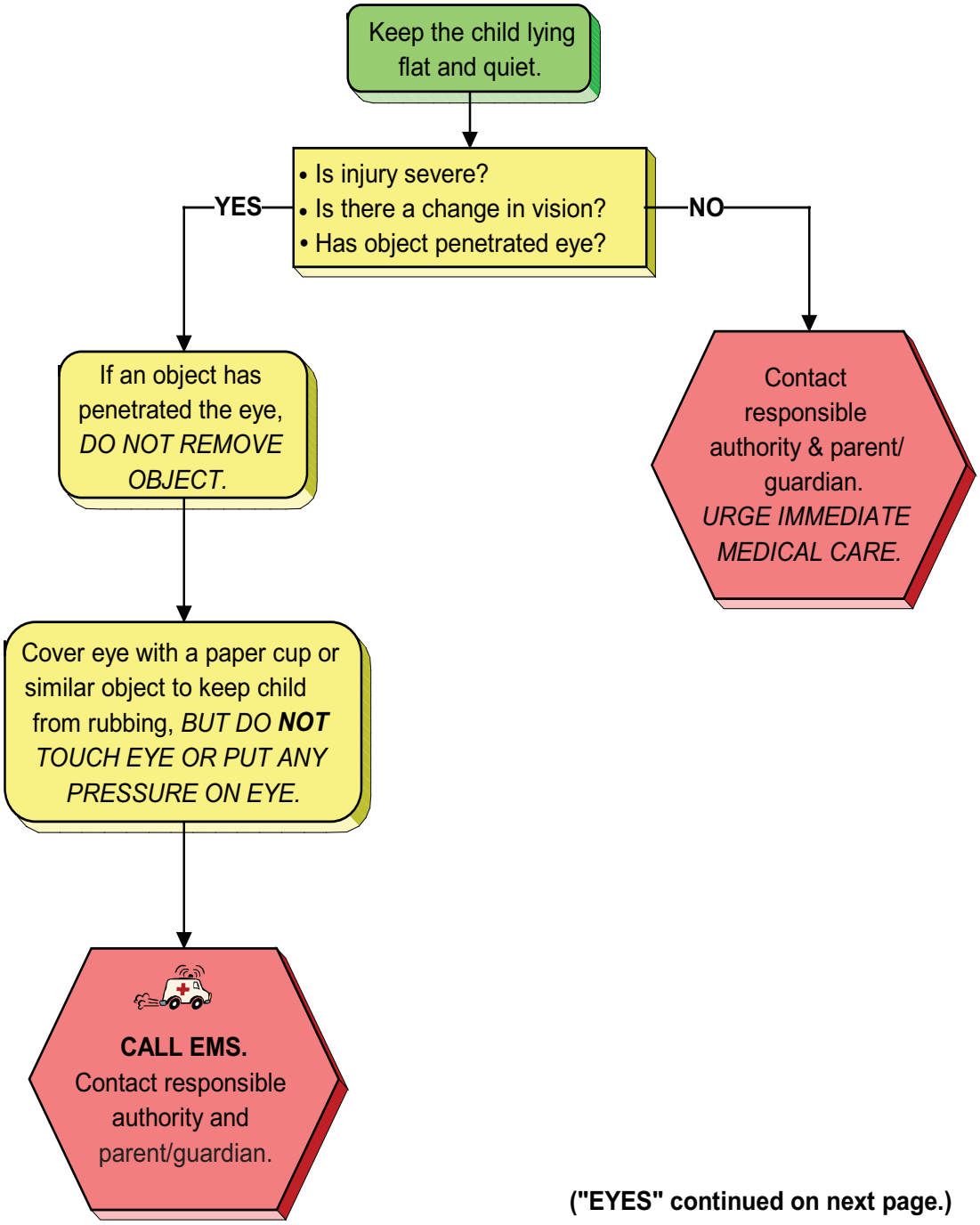


ELECTRIC SHOCK



EYES

EYE INJURY:



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EYES

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PARTICLE IN EYE:

Keep child from rubbing eye.

- If necessary, lay child down, & tip head toward affected side.
- Gently pour tap water over the open eye to flush out the particle.

If particle does not flush out of eye or if eye pain continues, contact responsible authority and parent/ guardian. *URGE MEDICAL CARE.*

CHEMICALS IN EYE

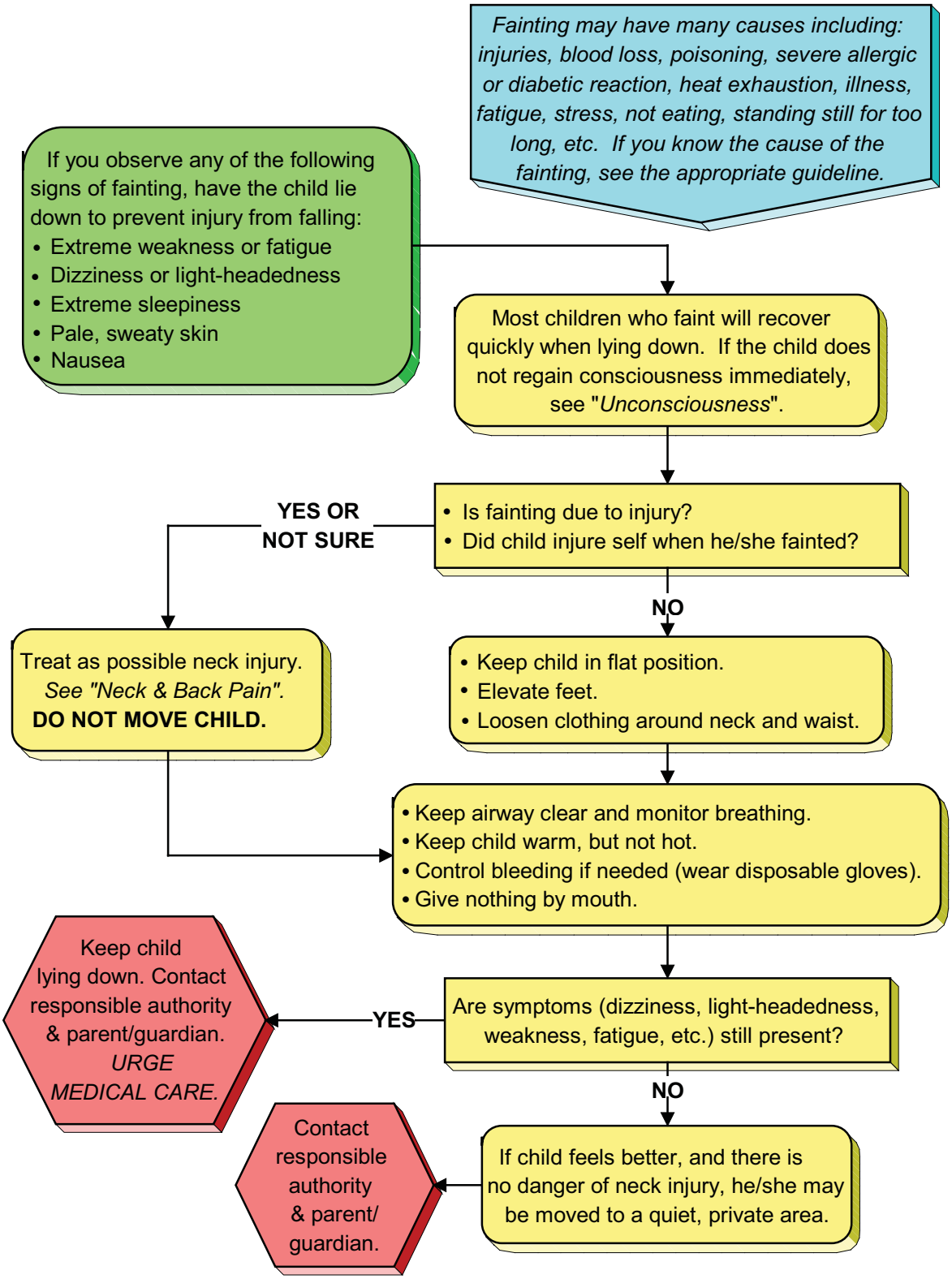
- Wear gloves and if possible, goggles.
- Immediately flush the eye with large amounts of clean water for 20 to 30 minutes.
- Tip the head so that the affected eye is below the unaffected eye and water washes eye from nose out to side of the face.

CALL NEAREST POISON CONTROL CENTER while flushing eye.
Phone # 1-800-222-1222
Follow instructions.

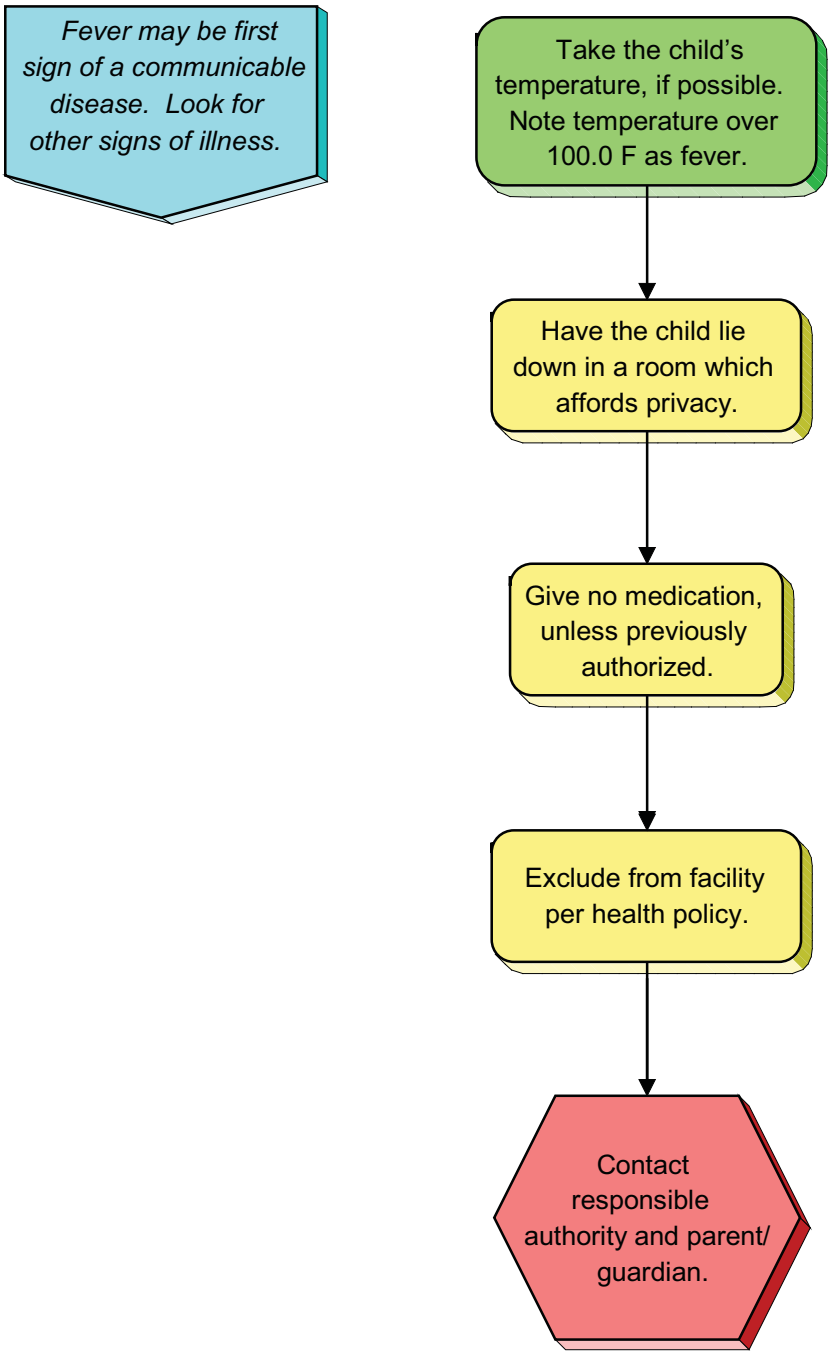
If eye has been burned by chemical, **CALL EMS.**

Contact responsible authority and parent/guardian.

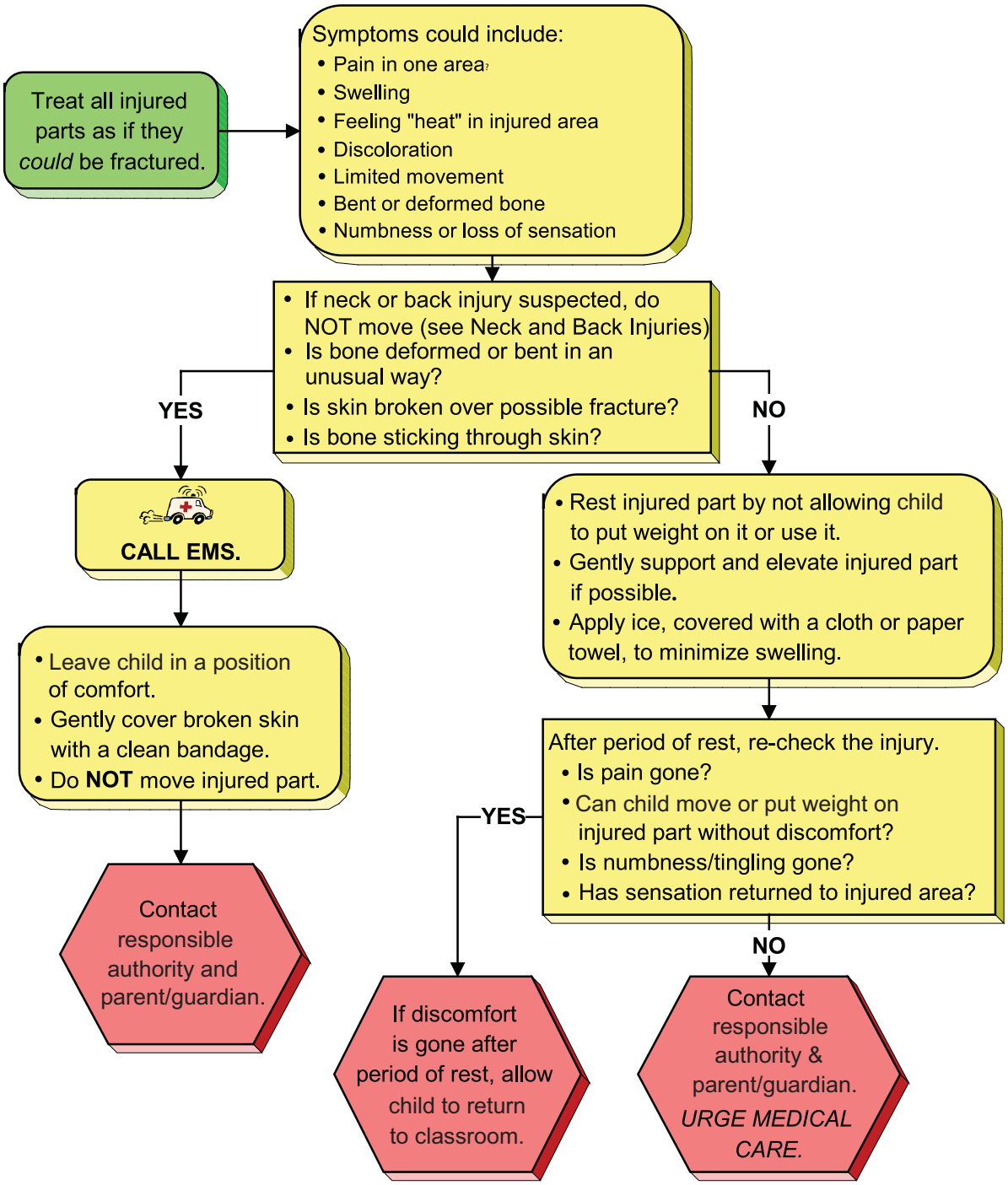
FAINTING


Fainting may have many causes including: injuries, blood loss, poisoning, severe allergic or diabetic reaction, heat exhaustion, illness, fatigue, stress, not eating, standing still for too long, etc. If you know the cause of the fainting, see the appropriate guideline.
If you observe any of the following signs of fainting, have the child lie down to prevent injury from falling:
• Extreme weakness or fatigue
• Dizziness or light-headedness
• Extreme sleepiness
• Pale, sweaty skin
• Nausea
Most children who faint will recover quickly when lying down. If the child does not regain consciousness immediately, see "*Unconsciousness*".
• Is fainting due to injury?
• Did child injure self when he/she fainted?
YES OR NOT SURE
NO
Treat as possible neck injury. *See "Neck & Back Pain".* **DO NOT MOVE CHILD.**
• Keep child in flat position.
• Elevate feet.
• Loosen clothing around neck and waist.
• Keep airway clear and monitor breathing.
• Keep child warm, but not hot.
• Control bleeding if needed (wear disposable gloves).
• Give nothing by mouth.
Are symptoms (dizziness, light-headedness, weakness, fatigue, etc.) still present?
YES
NO
Keep child lying down. Contact responsible authority & parent/guardian. *URGE MEDICAL CARE.*
If child feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area.
Contact responsible authority & parent/ guardian.

FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS, OR STRAINS



FROSTBITE

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

Exposure to cold even for short periods of time may cause "HYPOTHERMIA" in children *(See Hypothermia)*. The nose, ears, chin, cheeks, fingers and toes are the parts most often affected by frostbite. Frostbitten skin may:

- Look discolored (flushed, grayish-yellow, pale, white).
- Feel cold to the touch.
- Feel numb to the child.

Deeply frostbitten skin may

- Look white or waxy
- Feel firm - hard (frozen)

- Take the child to a warm place.
- Remove cold or wet clothing and give child warm, dry clothes.
- Protect cold part from further injury.
- Do ***NOT*** rub or massage the cold part OR apply heat such as a water bottle or hot running water.
- Cover part loosely with nonstick, sterile dressings or dry blanket.

Does extremity/part:

- Look discolored - grayish, white or waxy?
- Feel firm-hard (frozen)?
- Have a loss of sensation?

YES

- **CALL EMS.**

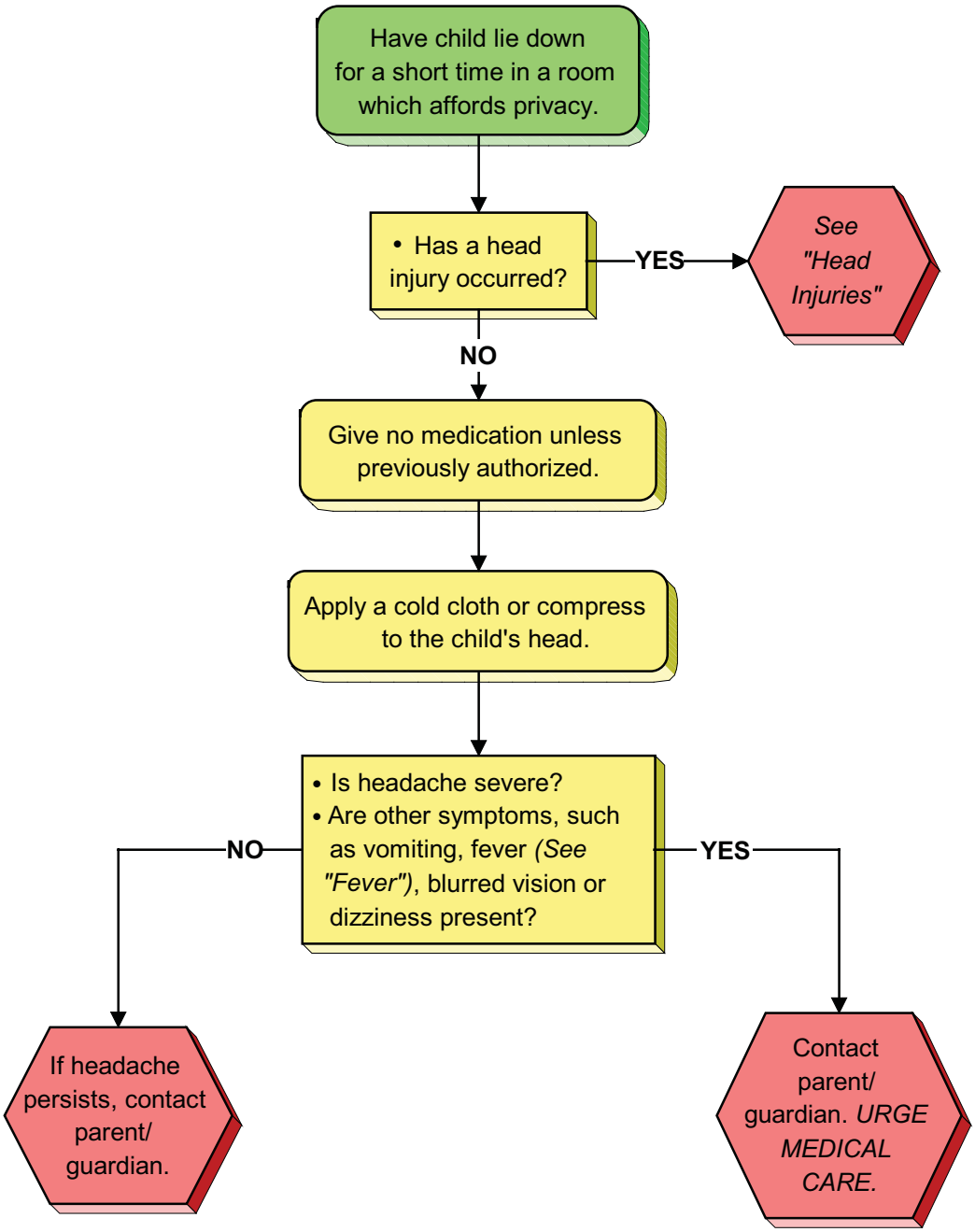
- Keep child warm and affected part covered.

NO

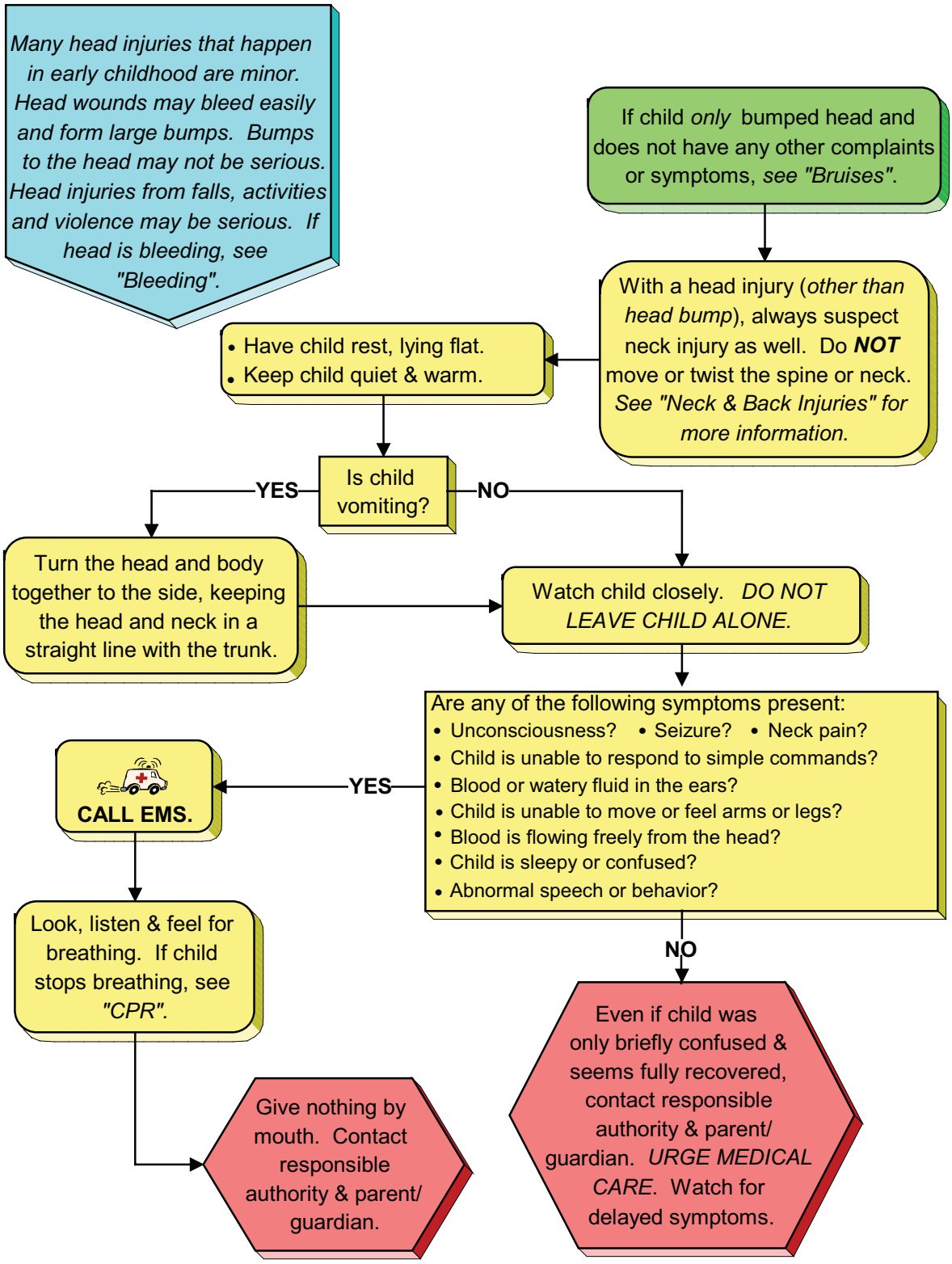
Keep child and affected body part warm.

Contact responsible authority & parent/ guardian. *Encourage medical care.*

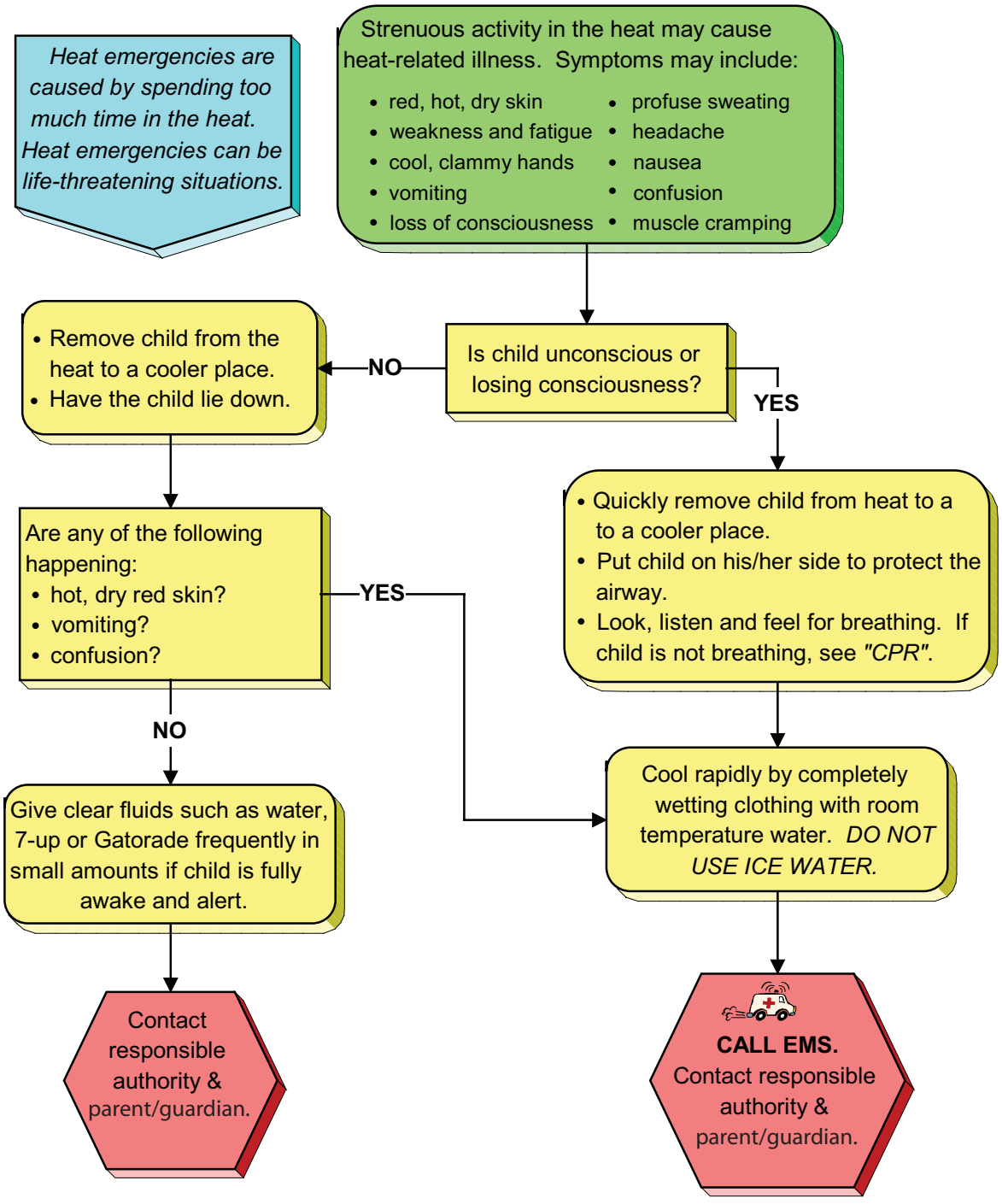
HEADACHE


Have child lie down for a short time in a room which affords privacy.
• Has a head injury occurred?
YES
See "Head Injuries"
NO
Give no medication unless previously authorized.
Apply a cold cloth or compress to the child's head.
• Is headache severe?
• Are other symptoms, such as vomiting, fever (See "Fever"), blurred vision or dizziness present?
NO
YES
If headache persists, contact parent/ guardian.
Contact parent/ guardian. URGE MEDICAL CARE.

HEAD INJURIES



HEAT STROKE/HEAT EXHAUSTION



HYPOTHERMIA
(EXPOSURE TO COLD)

Hypothermia happens after exposure to cold when the body is no longer capable of warming itself. Young children are particularly susceptible to hypothermia. It can be a life-threatening condition if left untreated for too long.

Hypothermia can occur after a child has been outside in the cold or in cold water. Symptoms may include:

- confusion
- weakness
- blurry vision
- slurred speech
- shivering
- sleepiness
- white or grayish skin color
- impaired judgment

- Take the child to a warm place.
- Remove cold or wet clothing and wrap child in a warm, dry blanket.

Does child have:

- Loss of consciousness?
- Slowed breathing?
- Confused or slurred speech?
- White, grayish or blue skin?

NO

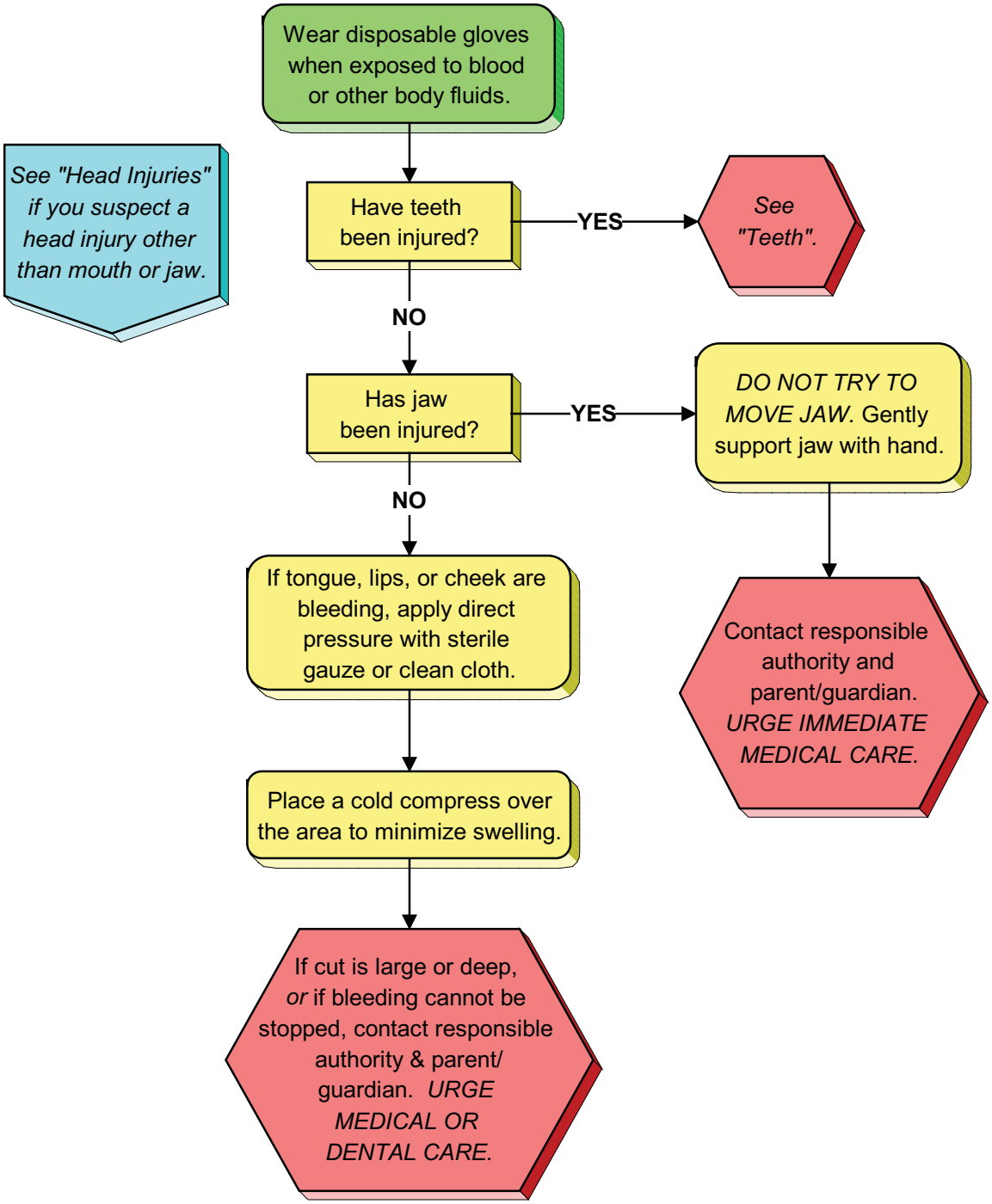
Continue to warm child with blankets. If child is fully awake and alert, offer warm (***NOT HOT***) fluids, but no food.

YES

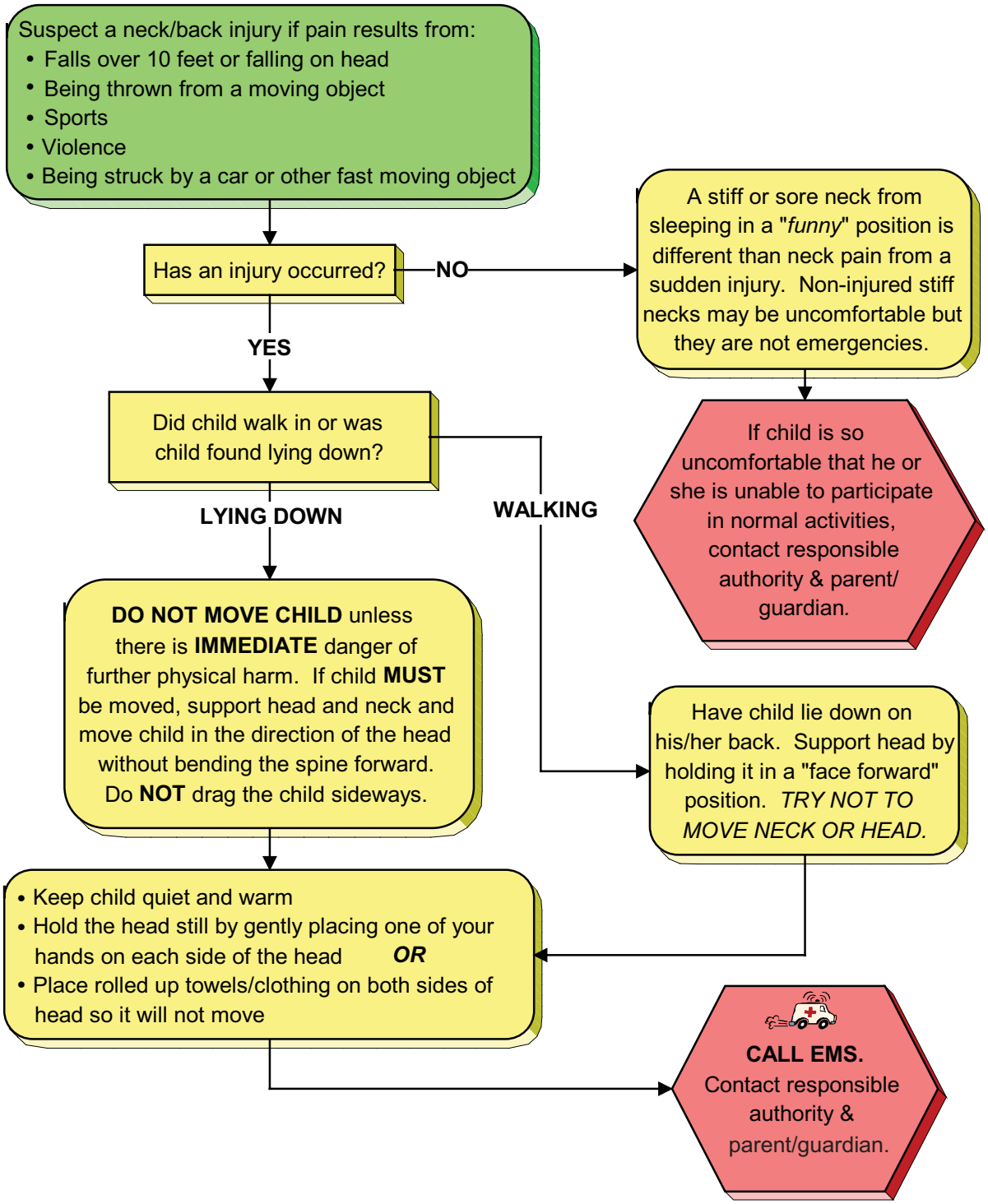
- **CALL EMS**.
- Give nothing by mouth.
- Continue to warm child with blankets.
- If child is sleepy or losing consciousness, place the child on his/her side to protect the airway.
- Look, listen and feel for breathing. If child stops breathing, see *CPR*

Contact responsible authority & parent/guardian. *Encourage medical care.*

MOUTH & JAW INJURIES



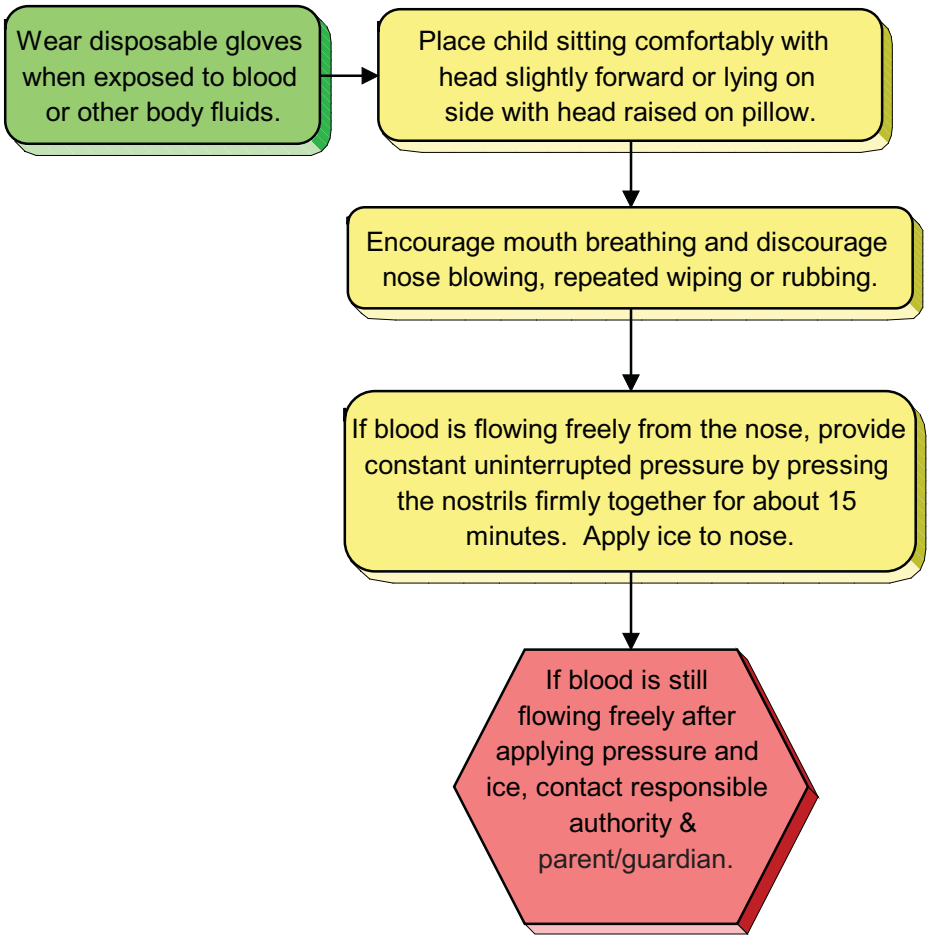
NECK & BACK INJURIES



NOSE

See "Head Injuries" if you suspect a head injury other than a nose bleed or broken nose.

NOSEBLEED



BROKEN NOSE

Care for nose as in "Nosebleed" above. Contact responsible authority and parent/ guardian. *URGE MEDICAL CARE.*

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NOSE

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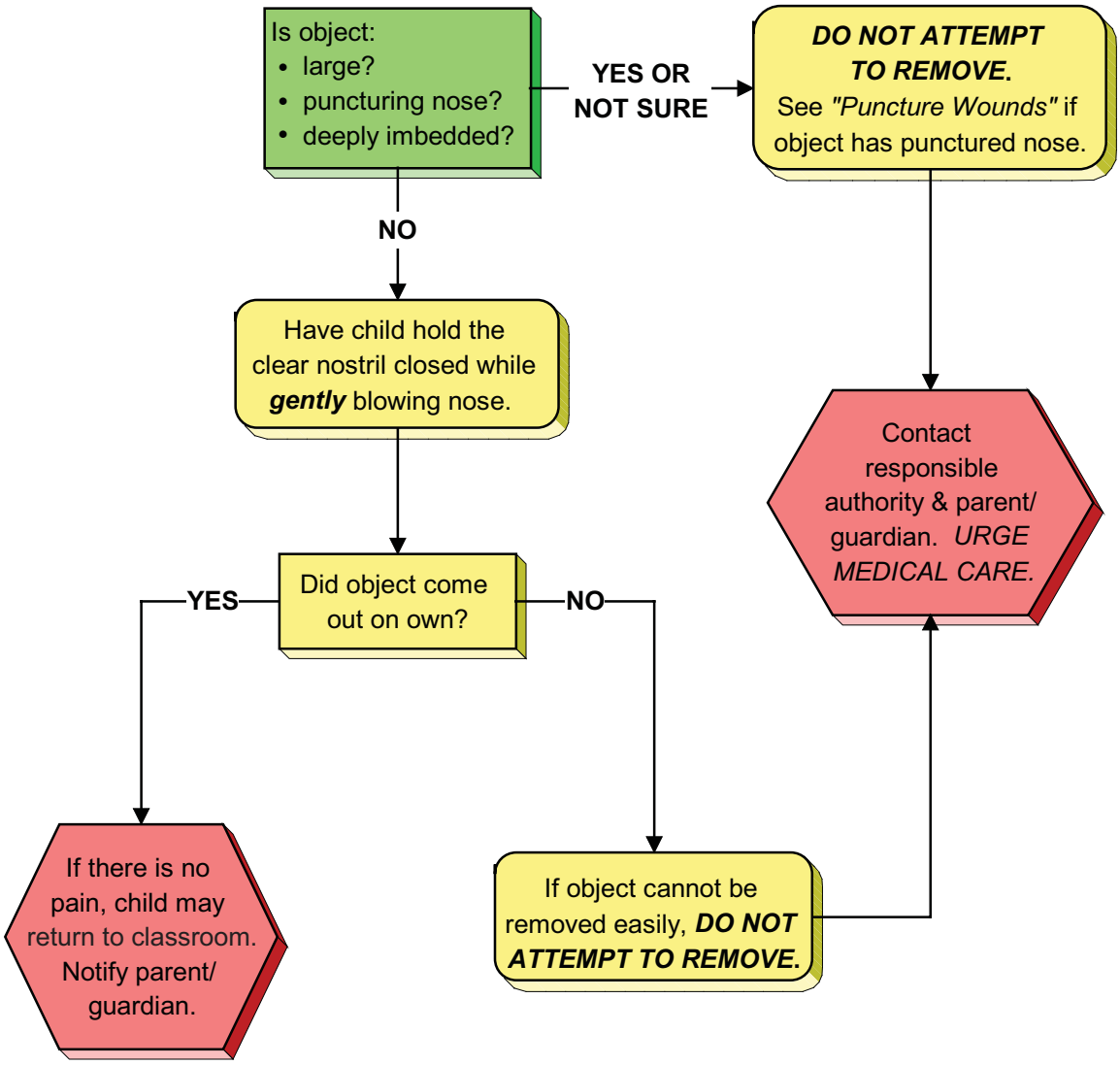
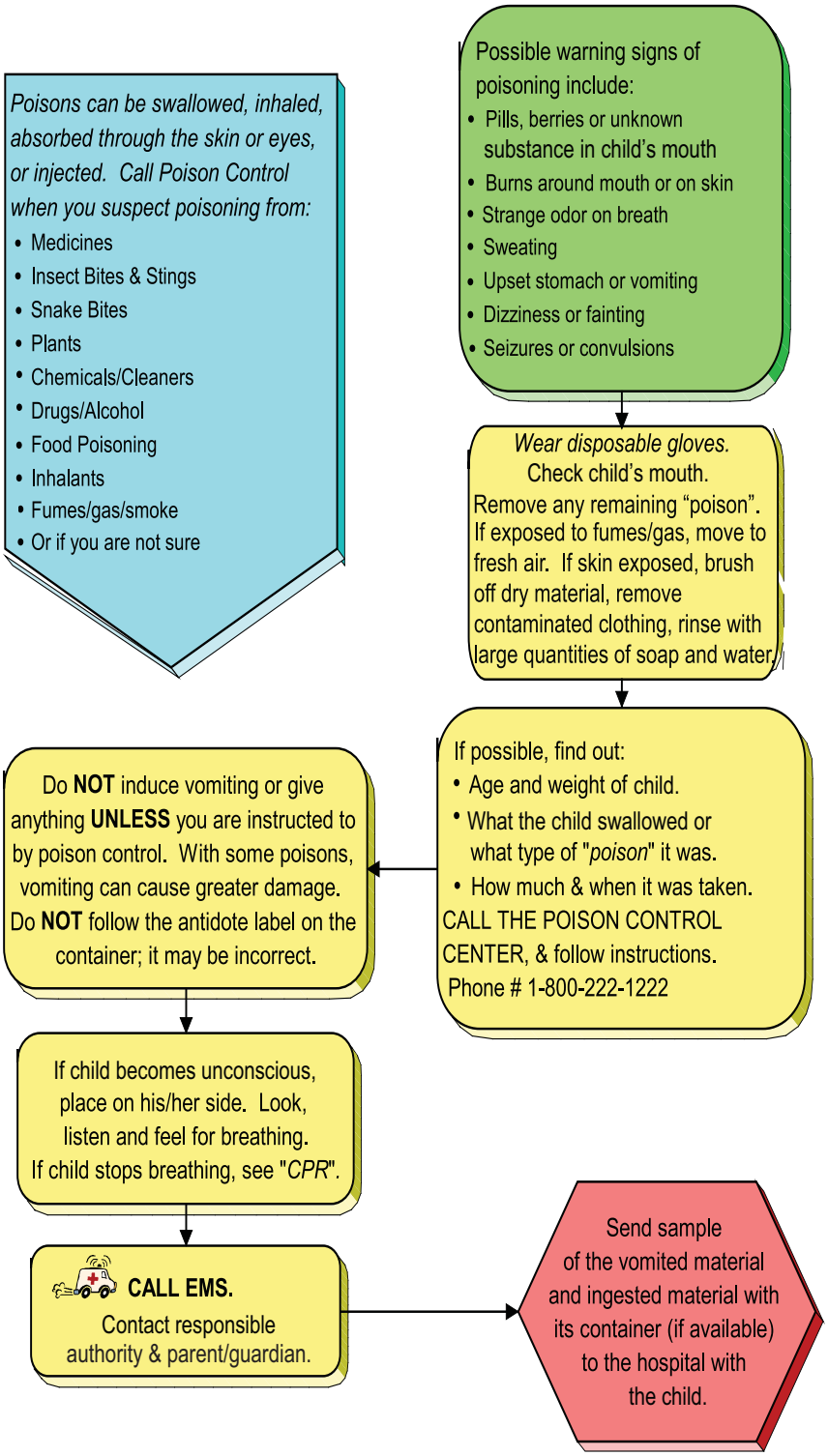
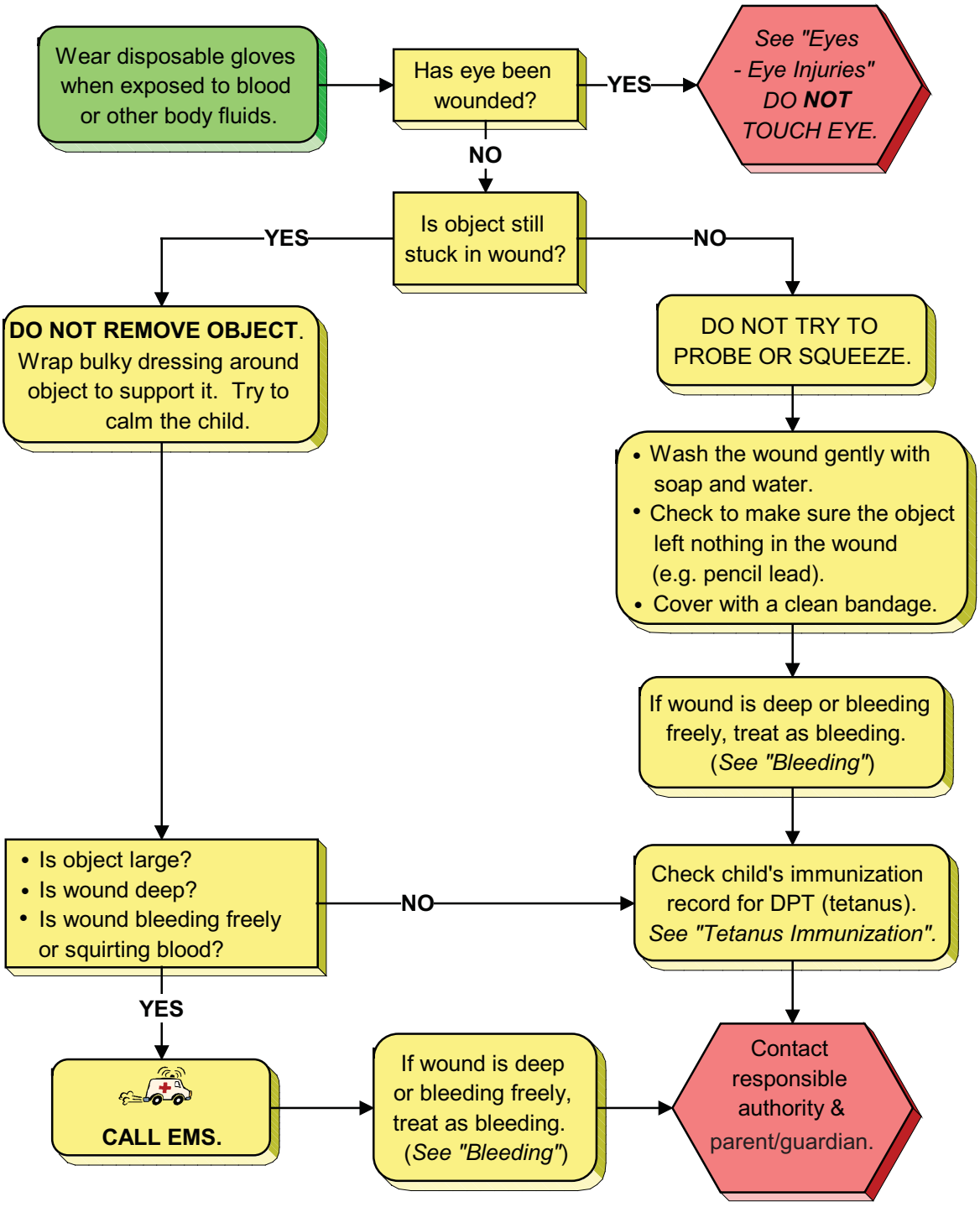
OBJECT IN NOSE



POISONING & OVERDOSE



PUNCTURE WOUNDS



RASHES

Rashes may have many causes, including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Some rashes may be contagious (*pass from one person to another*). Wear disposable gloves to protect self when in contact with any rash.

Rashes include such things as:

- Hives
- Red spots (large or small, flat or raised)
- Purple spots
- Small blisters

Other symptoms may indicate whether the child needs medical care. Does child have:

- Loss of consciousness?
- Difficulty breathing or swallowing?
- Purple spots?

YES → **CALL EMS.**

Contact responsible authority and parent/ guardian.

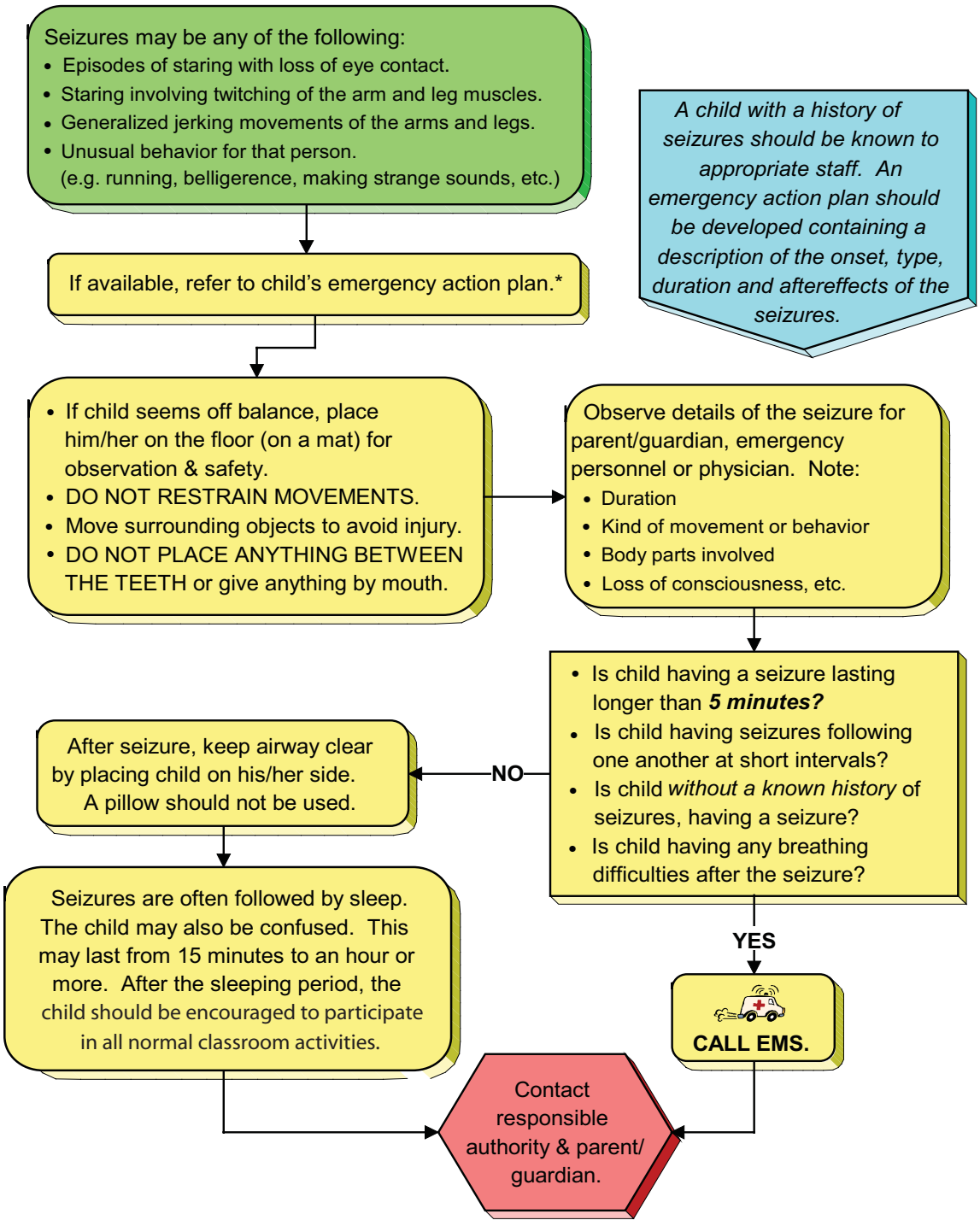
See *"Allergic Reaction"* and *"Communicable Disease"* for more information.

NO

If the following symptoms are present, contact responsible authority & parent/ guardian. *URGE MEDICAL CARE.*

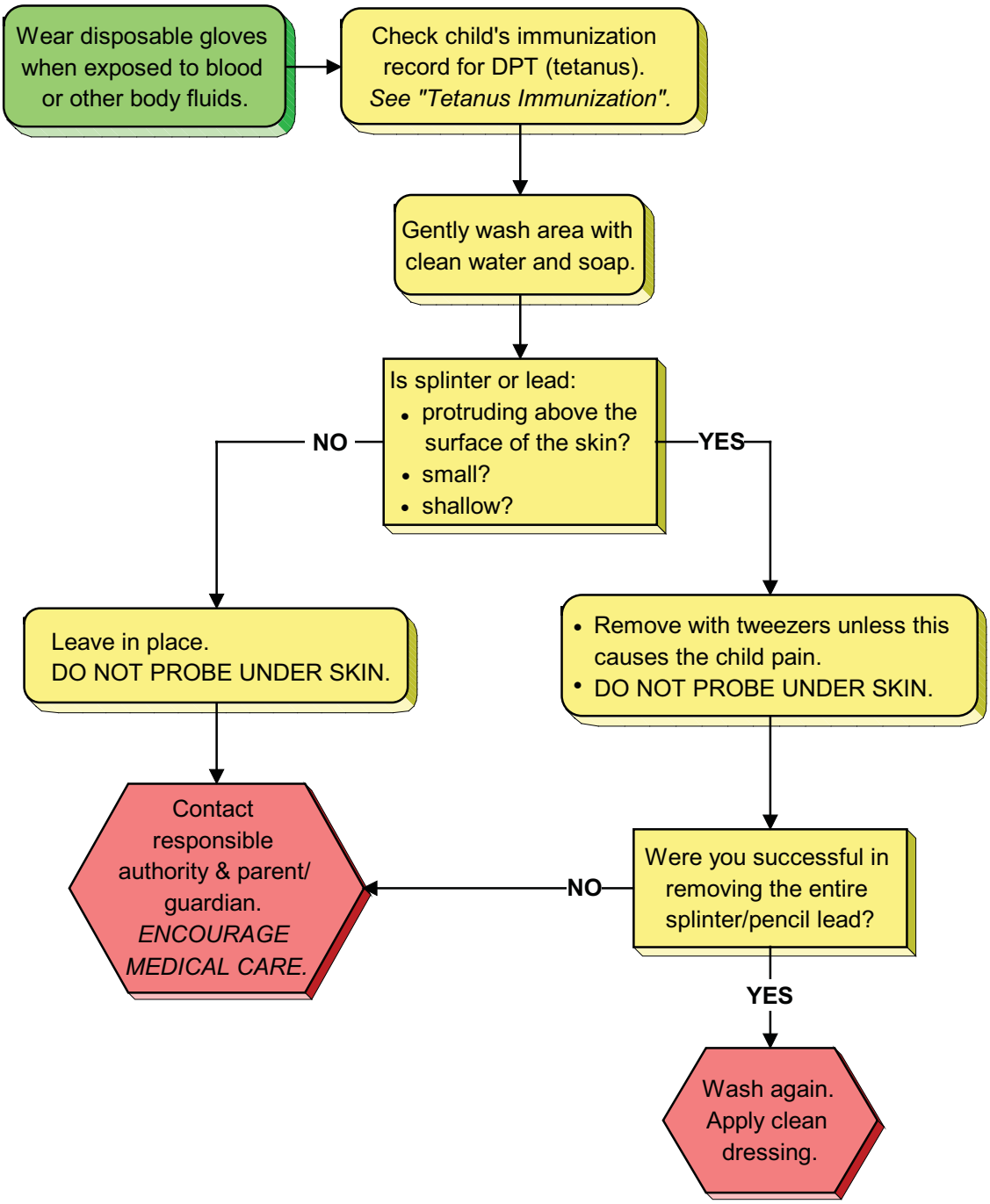
- Fever *(See "Fever").*
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to the touch.
- Rash (hives) is all over body.
- Child is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in regular activities.

SEIZURES



*For resources regarding emergency action plans for a child with a seizure disorder, go to www.efa.org then click on Programs, then School Nurse Training, then Seizure Action Plans.

SPLINTERS OR IMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES

Refer to your facility's policy for handling violent incidents.

- **CALL EMS** for injured person.
- Call the police.
- Intervene only if the situation is safe for you to approach.

Wear disposable gloves when exposed to blood or other body fluids.

Is the person:
- losing consciousness?
- having difficulty breathing?
- bleeding uncontrollably?

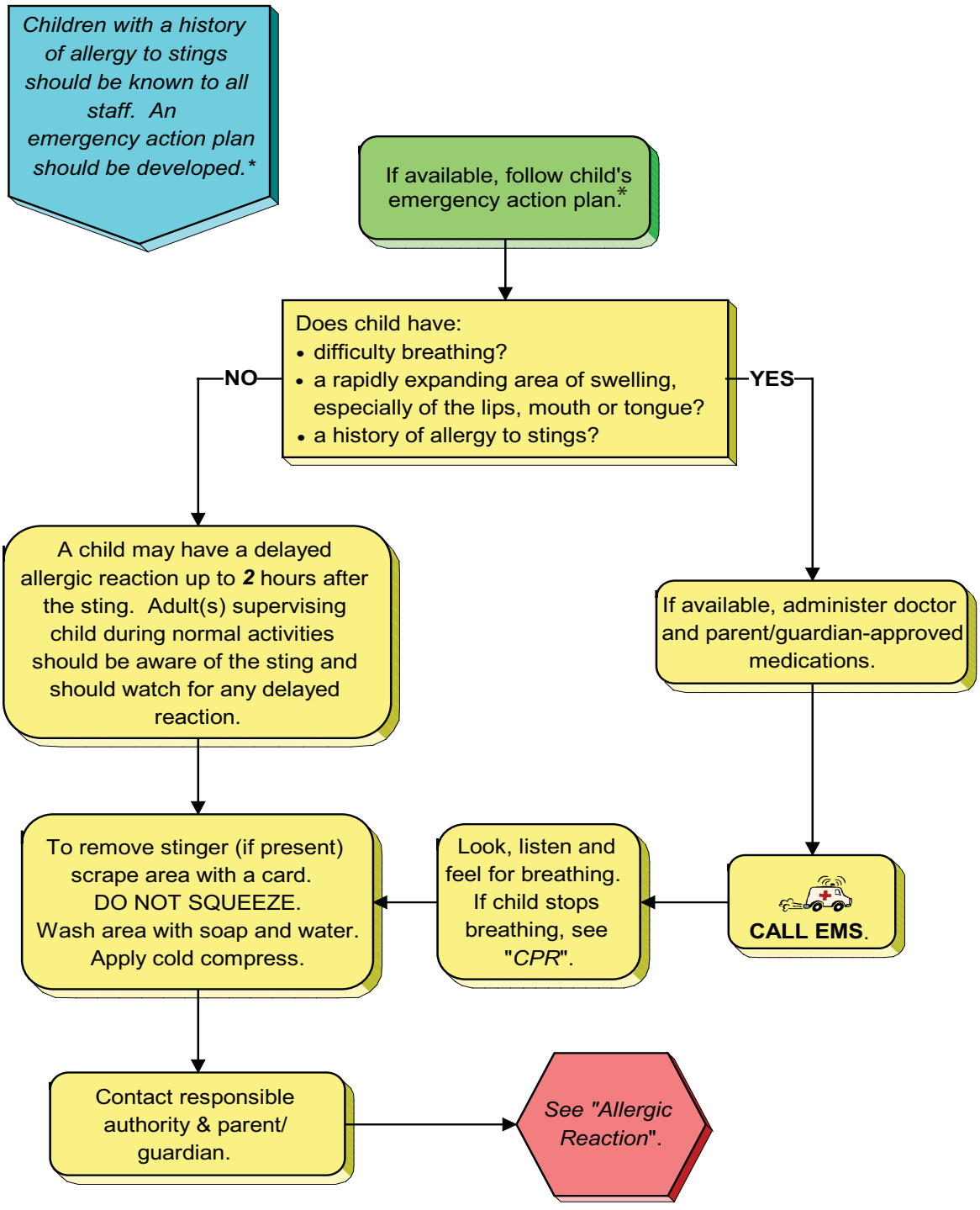
YES → Open the person's airway and look, listen and feel for breathing. (*see "CPR"*).

NO

- Lie person down if he/she is not already doing so.
- Elevate feet 8-10 inches.
- Press wound firmly with a clean bandage to stop bleeding.
- Elevate injured part gently if possible.
- Cover with a blanket or sheet.

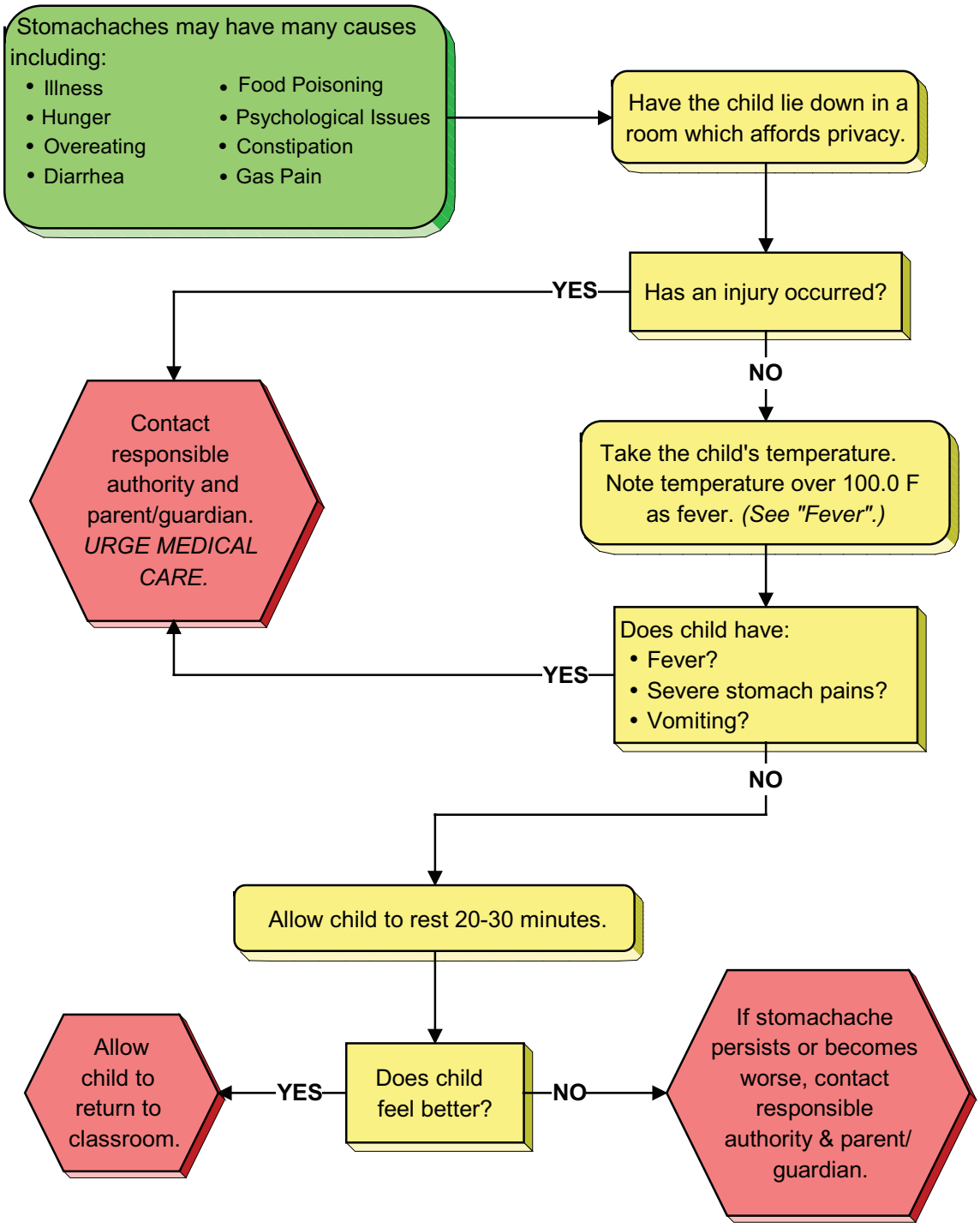
Contact responsible authority & parent/ guardian.

STINGS



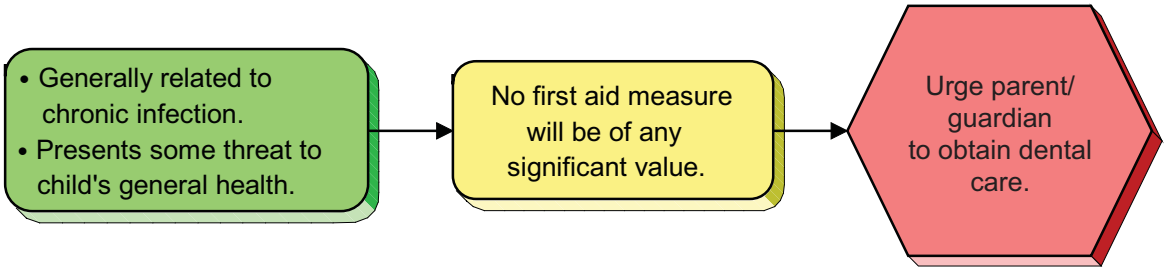
*For sample emergency action plan, see
http://www.aaaai.org/members/resources/anaphylaxis_toolkit/action_plan.pdf

STOMACHACHES/PAIN

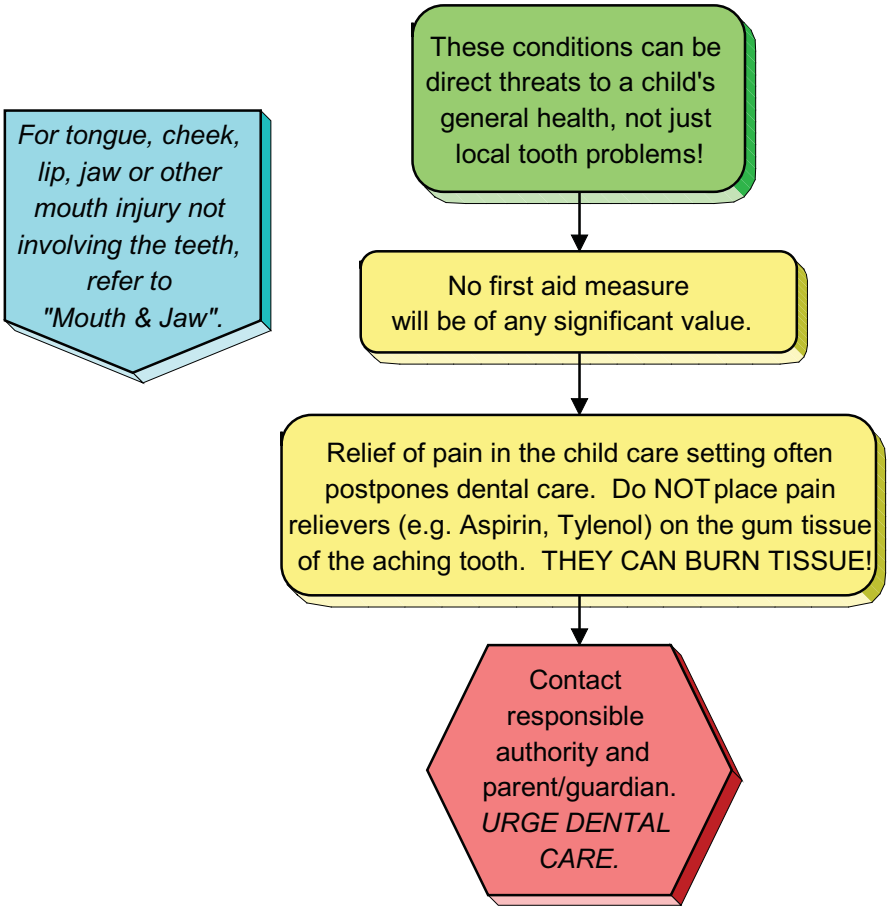


TEETH

BLEEDING GUMS



TOOTHACHE OR GUM BOIL



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TEETH

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DISPLACED TOOTH

Do ***NOT*** try to move tooth into correct position.

→ Contact responsible authority and parent/guardian. **OBTAIN EMERGENCY DENTAL CARE.**

KNOCKED-OUT OR BROKEN PERMANENT TOOTH

- Find tooth.
- Do *NOT* handle tooth by the root.

→ If tooth is dirty, clean gently by rinsing with water. *DO NOT SCRUB THE KNOCKED-OUT TOOTH.*

→ *The following steps are listed in order of preference.*
If permanent tooth (*within 15-20 minutes*):

1. place gently back in socket and have child hold it in place; ***OR***
2. place in glass of skim or low fat milk. ***OR***
3. place in normal saline. ***OR***
4. have child spit in cup and place tooth in it. ***OR***
5. place in glass of water.

TOOTH MUST NOT DRY OUT.

→ Apply a cold compress to face to minimize swelling.

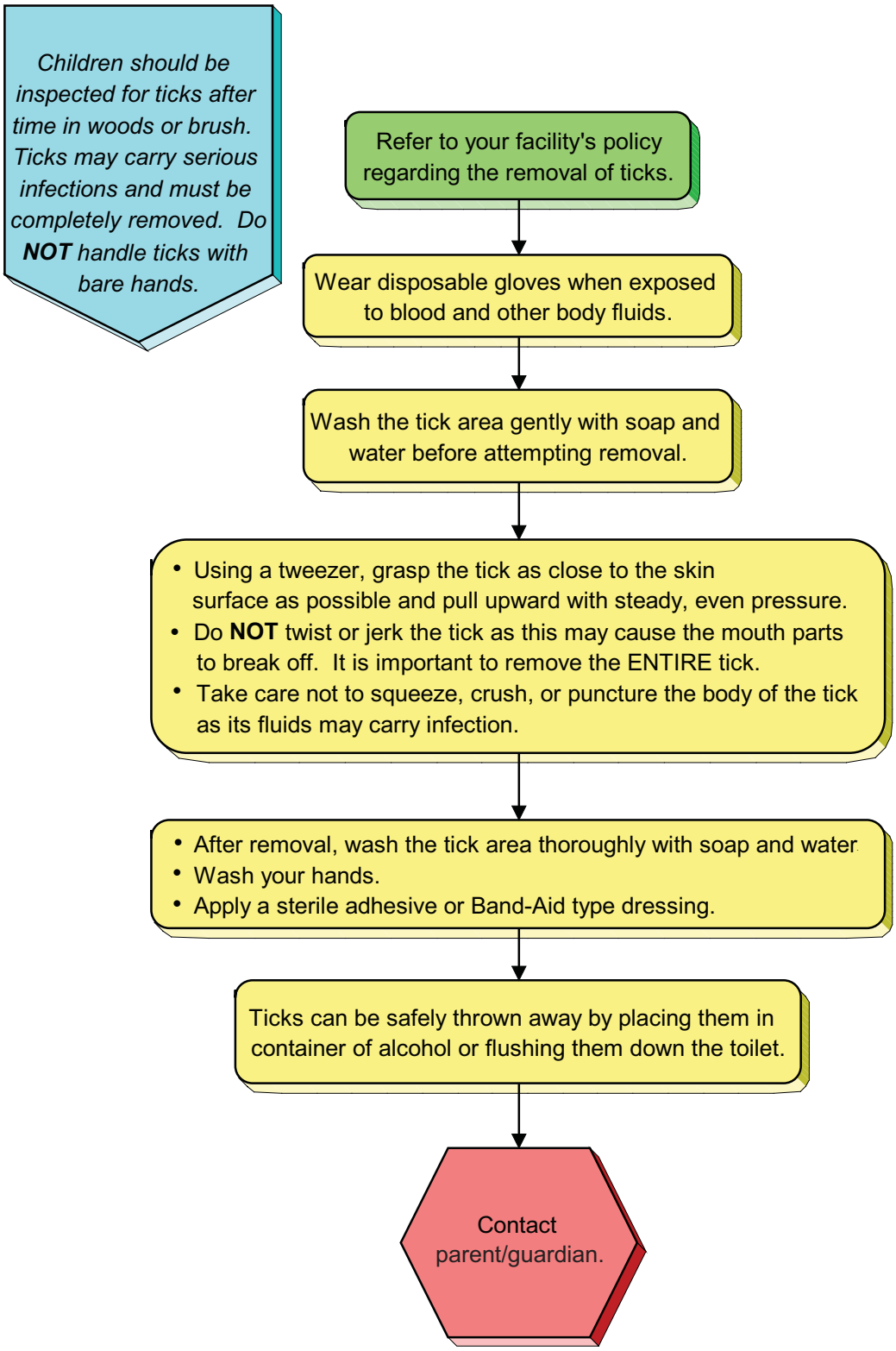
→ Contact responsible authority & parent/ guardian. **OBTAIN EMERGENCY DENTAL CARE. THE CHILD SHOULD BE SEEN BY A DENTIST WITHIN 60 MINUTES.**

TETANUS IMMUNIZATION

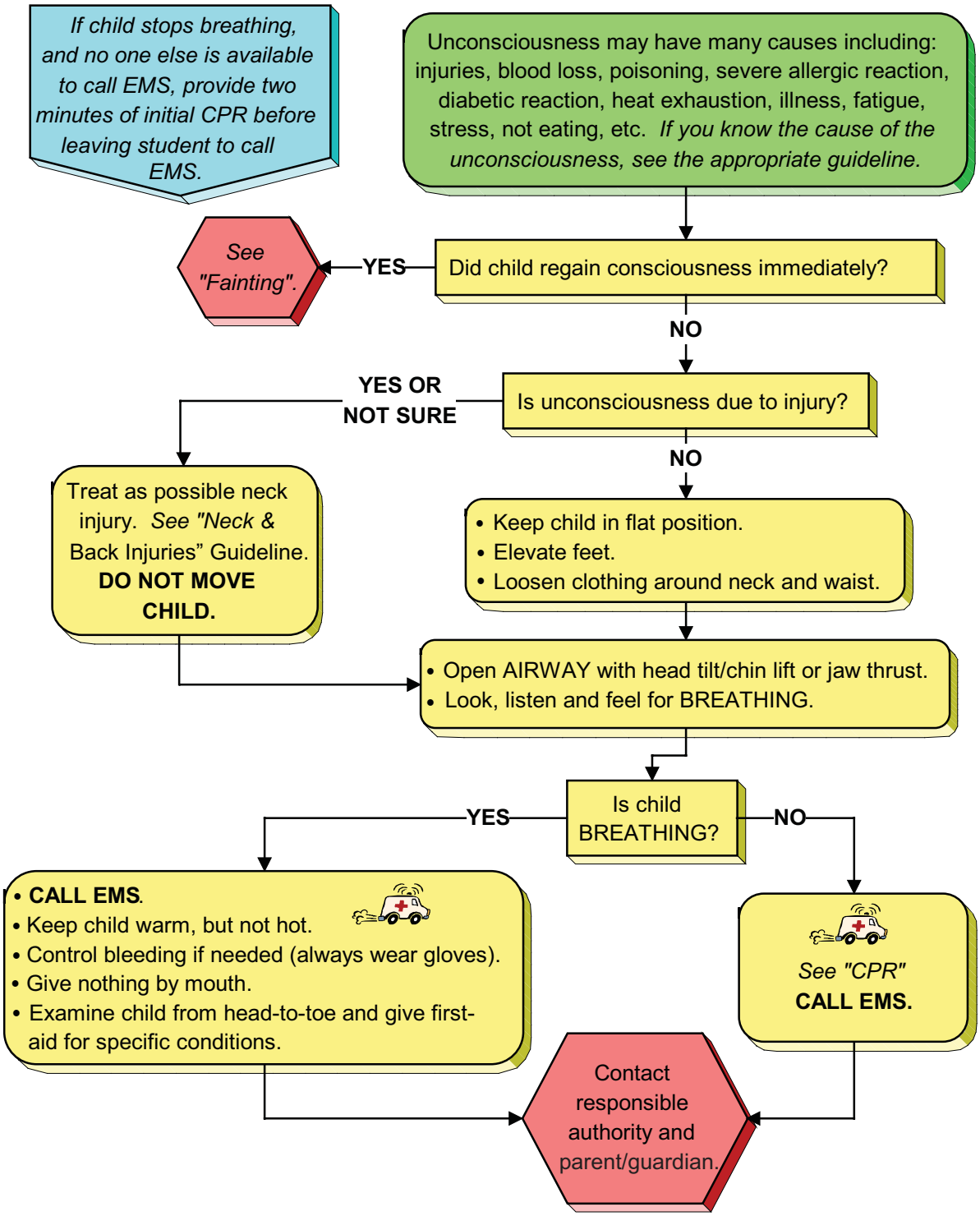
Protection against tetanus should be considered with any wound, *even a minor one*. After any wound, check the child's immunization record for DPT (tetanus) and notify parent/guardian.

It is helpful to provide EMS personnel with the dates of the child's DPT immunizations.

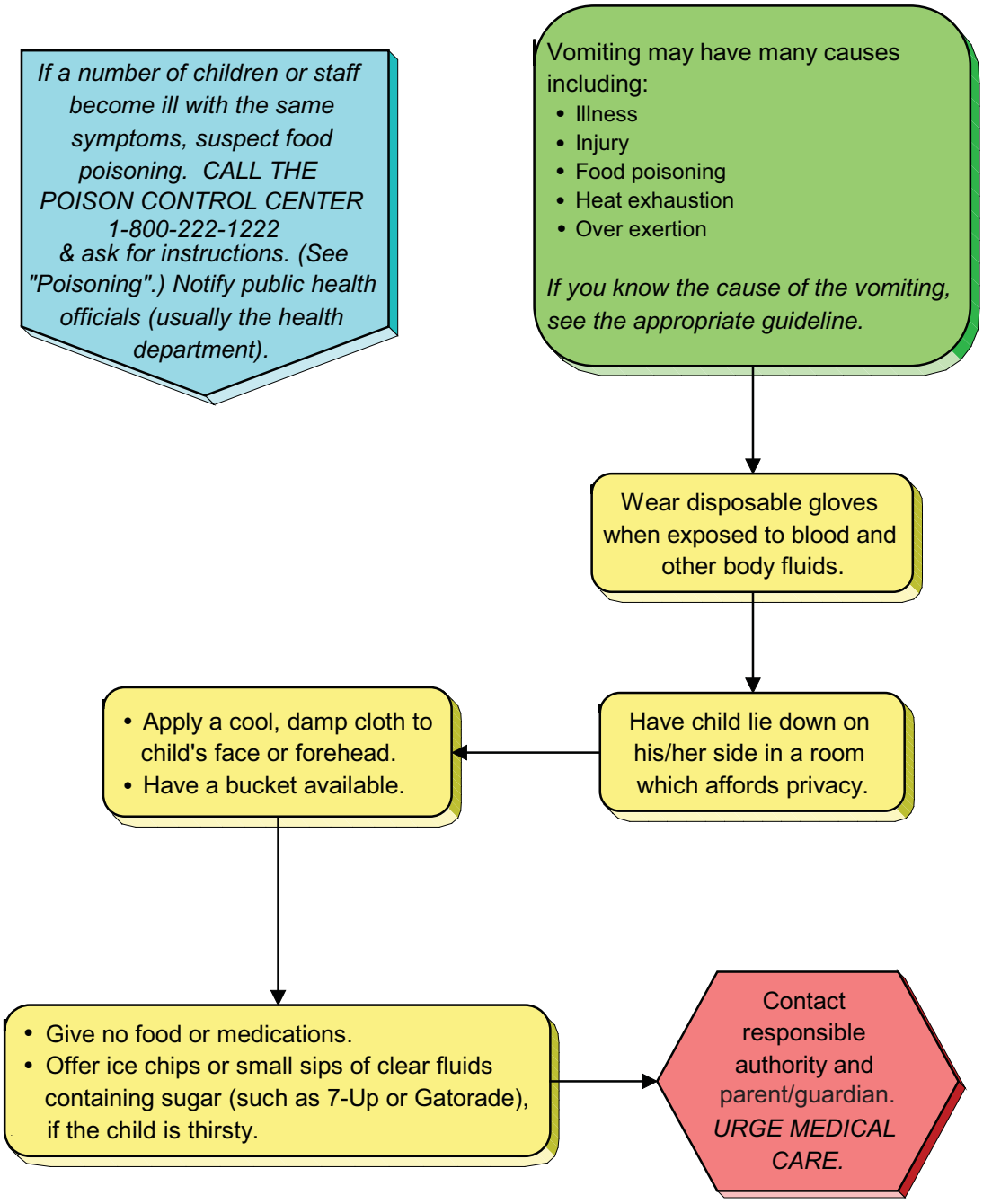
TICKS


*Children should be inspected for ticks after time in woods or brush. Ticks may carry serious infections and must be completely removed. Do **NOT** handle ticks with bare hands.*
Refer to your facility's policy regarding the removal of ticks.
Wear disposable gloves when exposed to blood and other body fluids.
Wash the tick area gently with soap and water before attempting removal.
• Using a tweezer, grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure.
• Do **NOT** twist or jerk the tick as this may cause the mouth parts to break off. It is important to remove the ENTIRE tick.
• Take care not to squeeze, crush, or puncture the body of the tick as its fluids may carry infection.
• After removal, wash the tick area thoroughly with soap and water
• Wash your hands.
• Apply a sterile adhesive or Band-Aid type dressing.
Ticks can be safely thrown away by placing them in container of alcohol or flushing them down the toilet.
Contact parent/guardian.

UNCONSCIOUSNESS



VOMITING


If a number of children or staff become ill with the same symptoms, suspect food poisoning. CALL THE POISON CONTROL CENTER 1-800-222-1222 & ask for instructions. (See "Poisoning".) Notify public health officials (usually the health department).
Vomiting may have many causes including:
• Illness
• Injury
• Food poisoning
• Heat exhaustion
• Over exertion
If you know the cause of the vomiting, see the appropriate guideline.
Wear disposable gloves when exposed to blood and other body fluids.
Have child lie down on his/her side in a room which affords privacy.
• Apply a cool, damp cloth to child's face or forehead.
• Have a bucket available.
• Give no food or medications.
• Offer ice chips or small sips of clear fluids containing sugar (such as 7-Up or Gatorade), if the child is thirsty.
Contact responsible authority and parent/guardian. URGE MEDICAL CARE.

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES

Current American Red Cross First Aid Manual or equivalent guidelines

Covered waste receptacle with disposable liners

Sink with running water

Cot with waterproof cover

Washable blankets, pillows, pillow cases (disposable covers are available)

Wash cloths, hand towels, portable basin, emesis basins

Bandage scissors, tweezers

Digital or electronic thermometers with disposable thermometer covers or single-use thermometers

Hot water bottle (heating pads not recommended)

Disposable supplies:

- Sterile cotton tipped applicators, individually packaged
- Sterile adhesive bandages, individually packaged
- Cotton balls
- Sterile gauze squares (2”x 2”; 3”x 3”), individually packaged
- Adhesive tape (1” tape), paper tape recommended
- Gauze roller bandage (1” and 2” widths)
- Cold packs or compresses
- Triangular bandage for sling
- Tongue blades, individually wrapped
- 70% Isopropyl alcohol for use with thermometer
- Safety pins
- Liquid soap
- Paper towels
- Disposable facial tissues
- Eye wash bottle
- Disposable gloves (latex or vinyl, if latex allergy is possible)
- Bleach for cleaning solutions and sprays (mix 1:100 with water)
- Splints, long and short
- Pocket mask/fact shield for CPR
- Flashlight with spare bulb and batteries
- One ounce emergency supply of Ipecac (dated) to be used only under the direction of the Poison Control Center

EMERGENCY PHONE NUMBERS

Complete this page as soon as possible and update as needed. Copy and post near all phones. Each building/facility should update this information at least annually.

EMERGENCY PHONE NUMBERS: **911 or** _____

Name of Emergency Medical Service: _____

Average emergency response time to your building/facility: _____

Directions to your building/facility: _____

_____

BE PREPARED TO GIVE THE FOLLOWING INFORMATION & DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP!

- Name and facility name
- Nature of emergency
- Facility telephone number _____
- Address and easy directions, including best entrance to use
- Exact location of injured person (e.g., behind building in parking lot)
- Type of injury/condition suspected (e.g., head or neck injury, shock, etc.)
- Help already given to victim (e.g., epinephrine, CPR, etc.)
- Ways to find the entrance easily (someone standing out front, flag pole, etc.)

OTHER IMPORTANT PHONE NUMBERS

Health Consultant	_____
Responsible Administrator	_____
Poison Control Center	**1-800-222-1222**
Emergency/Disease Reporting	_____
Fire Department	**911 or** _____
Police	**911 or** _____
Hospital or Nearest Emergency Facility	_____
County Family Services Division/Child	_____
Protective Services	_____
Local Health Agency	_____
Child Abuse Hotline	**1-800-392-3738**
Sexual Assault Hotline	_____
Domestic Violence Hotline	_____
Other	_____

EMERGENCIES HAPPEN

Being Prepared Saves Lives

3 Steps to Prepare for an Emergency

1. Create a plan

Families may not be together when emergencies strike. Make sure to have current contact information on file for parents or guardians of individuals in your care. Be sure to obtain doctor's names, health insurance and any special medical information. It is also a good idea to collect contact information of a nearest relative in the event the parent or guardian is unavailable.

Families should plan how they will stay in contact if they are separated by a disaster. They should choose two meeting places, a reunion location should be a safe distance from their home and an alternative location should be a place outside their neighborhood. They should also choose an out-of-town friend or family member as a contact for everyone to call. Designating a safe room in their home if they must stay for several days is also recommended. Families should also designate a place where their family will be able to stay for a few days in case they are asked to evacuate. Family members should know and discuss these plans.

2. Prepare an emergency kit

The following items should be part of an emergency kit and kept in a container that can be easily carried. Consider placing an emergency kit in each room of your facility.

- ❑ Prescription medicine
- ❑ Clean clothes and sturdy shoes
- ❑ Extra credit card
- ❑ Extra money
- ❑ Sturdy trash bags
- ❑ Formula and baby food if there is an infant in your home
- ❑ Flashlight
- ❑ Bottled water (One gallon of water per person per day, to last three days.)
- ❑ Canned or dried food (A three-day supply of non-perishable food items for each person. Remember a manual can opener.)
- ❑ Battery-powered radio
- ❑ Extra batteries for radio and flashlight
- ❑ First-aid kit

3. Listen for information

Listen for information about what to do and where to go during an emergency. City, county, and state officials have developed emergency plans. During an emergency, it is important to follow their instructions and advice.